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ABSTRACT

This issue of Emphasis contains 10 articles dealing with important issues for the 1980s. "A Place for Youth" (L. Lefstein) discusses programs for latchkey children. "Transcending the Norm" (S. Miller Perry) describes a black single parent program in Washington, D.C. "Safety First" (M. Stone and L. Loontjens) presents a child sexual abuse prevention program. "Partners for Protection" (P. Russo) describes an in-school program on child sexual abuse prevention. "Close-up" presents an interview with Alexander Capron on bioethical issues. "New Meanings for Men" (B. Crane) examines changing male roles and intimacy. "Supportive Solutions" (P. Kies-Lowe and L. Safron) discusses new ways of dealing with infertility. "Herpes and AIDS: Managing the Mania" (A. Hoffman) focuses on ways to enlighten professionals and the media about current health concerns. "Making Sense of the Syndrome" (J. Omelchuck) describes a program for helping women who suffer from premenstrual syndrome. "What's Love Got to Do with It? (B. Petrich) discusses intimacy in relationships. An 18-page annotated bibliography dealing with topics such as intimacy, child sexual abuse, pre-menstrual syndrome, infertility, herpes and AIDS, bioethics, and latchkey children is appended.

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Planned Parenthood® Federation of America, Inc.
Winter 1984

Emphasis

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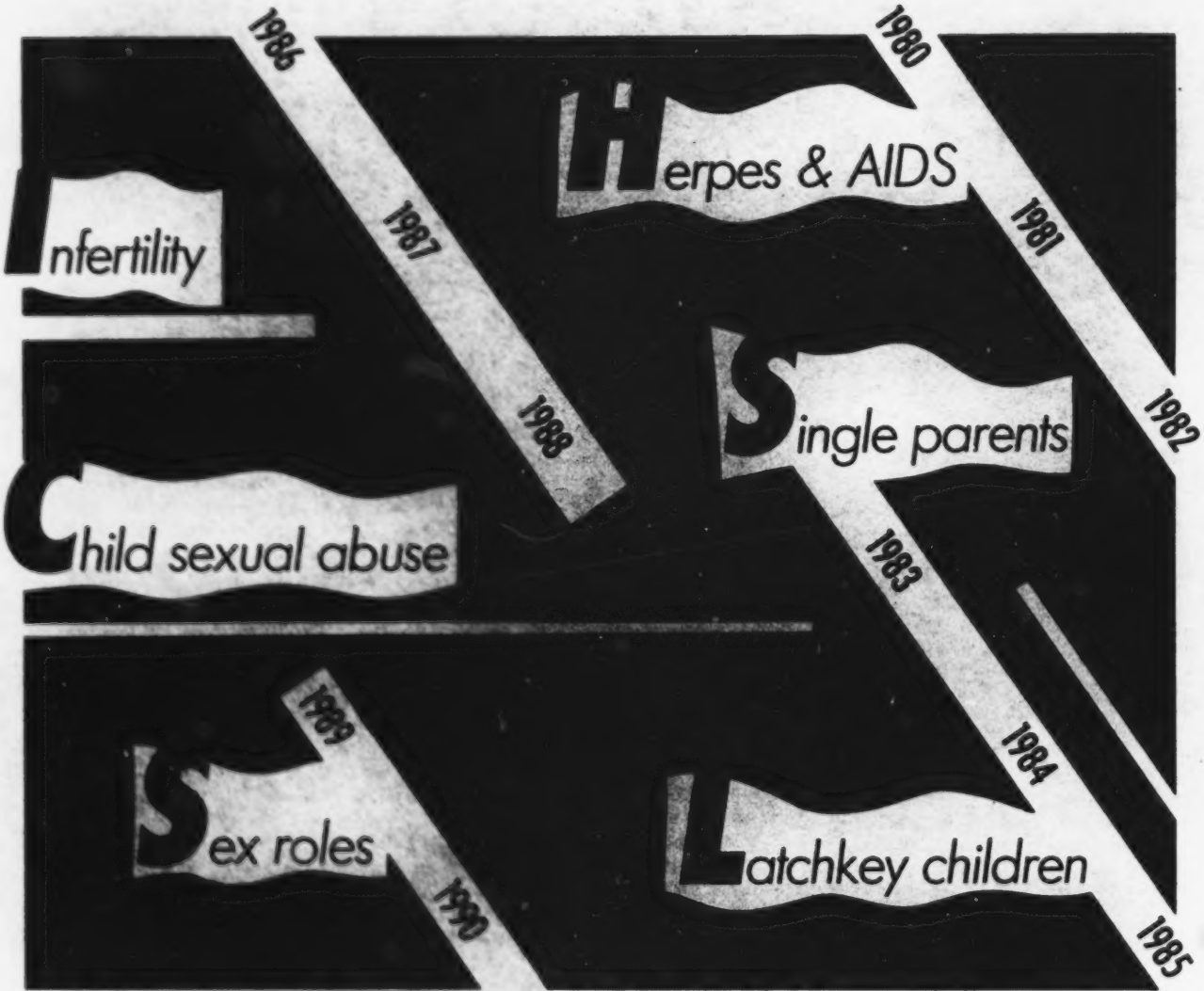
ISSUES OF THE '80s



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Emphasis

Highlighting people and programs in the field of sexuality and population education.
Planned Parenthood Federation of America, Inc.

In Perspective

FROM THE EDITORS

Planned Parenthood and other health educators most often provide leadership through community education, school programs, resource centers and professional training. These diverse service areas all require the latest information about the issues that affect our target populations. In this edition of *Emphasis*, we focus on the prominent issues of the current decade, and on programs that address them. We hope the articles will promote discussion within your agencies and prove helpful in planning programs that are of timely interest to your communities.

In the next issue of *Emphasis* we will focus on professional training—both the training that affiliate staff provide for others as well as the training that Planned Parenthood educators seek to deepen their skills. We plan to include nurse practitioner training, medical school programs, clergy training in family life education, independent trainers, and the regional training centers. As always, we are eager to have suggestions from our readers to keep *Emphasis* a relevant resource. If you would like other information about training, or if you know of a particularly interesting trainer, center or approach, please contact us at once about possible inclusion in the issue.

The Editors
Patti, Mike and Linda

An annotated bibliography of resources pertinent to the following articles is published concurrently with this Emphasis.

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As we begin the second half of the 80's, we have identified some particular issues for the decade. Technological developments, along with changes in the ways American families live, are making us increasingly aware of new solutions for old problems and of some new problems being addressed with old solutions. Some of the new solutions have come via technological developments. There are new ways of dealing with infertility, as Pam Kies-Lowe and Louise Safron discuss. Premenstrual Syndrome is now seen as a medical fact rather than a female fantasy as Jean Omelchuck points out in her discussion of what women are doing about the symptoms of PMS.

Alexander Capron, in our Close-Up interview, looks at the bioethical questions which some of these new technologies can raise. Planned Parenthood has begun to study these issues in all their complexity. When the parent is not apparent, then who will parent? Is artificial insemination by donor a product or a service? There are varying legal implications for either interpretation, as there are for many other consequences of new technologies. Whose responsibility is it to determine the answers to these questions? Is it best left to doctors, the media, the clergy, the government or the marketplace?

Having the technical capacity to perform a procedure may not mean that the procedure should be done. I'm reminded of the parent who said "I gave my three-year-old a hammer and now it seems that everything needs hammering." Knowledge is increasing in other areas as well. Art Hoffman argues that in order to manage the media mania about herpes and AIDS, we have to keep up with the most current information. I think that as we all face the reality that STDs have not been vanquished, we do a disservice to those we educate when we do not include the risks—such as chlamydia with its attendant complications, gonorrhea in its new resistant forms, as well as herpes.

When we turn to the ways in which families are changing, we see areas where the old answers are no longer satisfactory. We don't really know if child sexual abuse is more common now (though there are indications that unemployment and financial strain within a household are linked to higher incidences of other types of abuse), or whether changes in the social climate have made people more willing to talk about child sexual abuse. Mary Ellen Stone, Lois Loontjens and Patricia Russo discuss child sexual abuse prevention programs in two different communities. As Russo says, the media may grow tired of reporting abuse cases, but that does not mean that abuse has been eliminated. Prevention is one more component of education which sexuality educators must deal with. Even very small children can be helped to know that their bodies belong to them, that it is OK to say NO, and that some touch is not acceptable. At the same time, parents and teachers don't want to frighten children into believing that *no* touch is acceptable, so ideally abuse prevention should be integrated into a whole program of sexuality education. This is seen as very risky by some educators, but needs to be engaged as an issue for the 80's.

The articles by Barbara Petrich and Betsy Crane deal with issues on the nature of intimacy and on the changing implications of what a "real man" is or ought to be.

In the 1980's, the statistical incidence of teenage pregnancy and single parent households is greater in Washington, D.C. than in most other American communities. Sovella Miller Perry describes a workshop that addresses these realities in the nation's capital. And Leah Lefstein discusses programs for latchkey children, yet another product of the increasing number of working mothers.

With the issues before us, we educators are challenged to use our resources in creative ways. As professionals whose goal it is to build strong families, we must look at what real families are like in 1985. We hope the articles in "Issues of the 80's" prove to be helpful in this regard. Please give us your thoughts and your concerns so Emphasis can continue to be of use. ■

Susan Newcomer, Ph.D.
Director of Education

ISSUES OF THE '80s

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A Place for Youth

CEA provides an insightful overview of successful ways to reach "latch-key kids."

by Leah Lefstein

In most single-parent families and in growing numbers of dual-parent families, parents must work and cannot be home after school. Thus, increasingly, young adolescents are spending the after-school hours alone and unsupervised. Estimates of the number of children who return from school to empty homes every day range from 2 million to 7 million. The latchkey phenomenon and the withdrawal of traditional community youth activities may well have cast a generation adrift. Consider the following alarming statistics: girls under 15 are the only group of women in this country for whom the birth rate is not declining; 7th grade boys in junior high schools are the most victimized students in our schools; 20-30% of 8th graders drink excessively; heavy drinkers among older adolescents report initiation to alcohol at age 12.

Unfortunately, many of these youngsters have been given a label that is for some a source of shame, for others a matter of pride: they are "latchkey" children. Today, the latchkey is accused of unlocking a huge Pandora's box of social problems: increasing numbers of adolescent pregnancies, unattended children fending for themselves in the after-school hours, excessive viewing of violent or inane after-school television, large groups of teenagers disturbing adults in streets and merchants in shopping malls, and ever-growing statistics of accidents in homes and neighborhoods.

At the same time that the number of working parents is increasing, federal, state, and local governments are cutting back funds for libraries, recreation centers, schools, and other institutions that have traditionally provided after-school services. Regrettably, few parents are able to find well-supervised, low-cost programs that are accessible to young teenagers and that match activities to their particular interests and needs.

Serving a need

The Center for Early Adolescence (CEA) is exploring ways in which community organizations can effectively respond to the special needs of young people and their families in the face of shrinking resources and the increased need for after-school and summer supervision. The Center has identified effective out-of-school programs and developed a curriculum to help youth workers and other community members improve the services they provide young adolescents and their parents. CEA has also expanded its capacity to answer requests for information and technical assistance.

As young adolescents' needs for supervision vary, so do their interests and skills. Good after-school programming gives young adolescents the variety, the ability to develop skills and explore interests, and the opportunities for competence they need. Good programming also gives parents reassurance that their children are safe, supervised, and thriving.

The Center for Early Adolescence has developed a clearinghouse of selected research and program information about responsive after-school programs. This information has often been difficult to locate, since a relatively small number of effective programs exist. Some are publicly sponsored, some private; some are comprehensive, some limited both in subject matter and type of young adolescents served. All the programs, however, attempt to meet the complex needs of an age group with special problems and capabilities. And most appear to be replicable in many communities. What follows here is a description of the types of programs identified by the Center and two brief examples of the rich variety that can and should exist in American communities.

Most programs offer either one or a combination of six types of services: (1) Academic and cultural enrichment, including tutorial programs, music, art, science, and other enrichment activities that supplement the educational opportunities provided by schools. (2) Recreation, including programs offered by parks, playgrounds, community recreation departments, and private team sports organizations. (3) Child care, including those services that operate *in loco parentis*, accepting responsibility for the daily care of young people while parents are at work. (4) Community service, including activities in which young people make significant contributions to the welfare of their programs or communities during the after-

school hours. (5) Religious activities, including denominational and nondenominational programs operated by religious institutions. (6) Career education, including programs that enable teenagers too young for paid employment to learn valuable job skills. A seventh type of program is one that offers comprehensive services; that is, it combines a broad range of the activities listed above.

Religious programs

As young adolescents become involved in the world around them, many experience an increased interest in religion. When churches and synagogues respond to that interest, a valuable source of energy and commitment is tapped. After school, rather than Sunday morning, religious instruction is often helpful to working families. Parents also appreciate their church's assistance in providing sexuality education that is consistent with the parents' own beliefs.

St. Luke Youth Ministry, Silver Springs, Maryland

St. Luke Lutheran Church offers so many activities for young people—both after school and at other times—that its description of junior high activities alone fills an 18-page booklet. In addition to Supertuesday, a weekly afterschool confirmation program for 9th graders, the church offers sports, camping, sexuality education, drama, music and social events that include dances, hayrides and weekend retreats.

Every February, 9th graders participate in a good humored human sexuality retreat called "Corn Flakes and Pickles." The weekend retreat builds self-esteem and self-awareness by placing sexuality in a context of values. The program also promotes understanding of parents' points of view. In an activity at the end of the weekend, the young people are asked to write what they think their parents would tell them about a mature, loving relationship. They are not aware that their parents have been asked, prior to the retreat, to write them letters on the same subject. Those letters, collected in advance by the pastor, are given to the young people to read in privacy after their own writing exercise. Highly prized by the teenagers, the letters give the young people a chance to consider misconceptions they may have had about their parents' attitudes. Since they are given at the end of the retreat, the letters comfortably open the door to continuing communication at home.

For information contact St. Luke Youth Ministry, St. Luke Lutheran Church, Colesville Road and Dale Drive, Silver Springs, MD 20910 (301) 588-0818.

Comprehensive services

Many successful youth-service agencies and institutions offer greater diversity by combining several types of after-school programming under one institutional umbrella.

Tacoma Youth Division, Tacoma, Washington

Tacoma's Youth Division represents an entire community's response to all its young people. The Youth Division's goal is to identify the unmet needs of Tacoma's youth and create opportunities and services to meet those needs. Needs assessment is the key to Tacoma's success in providing recreation for young people despite economic hard times. A 1975 survey, conducted in cooperation with the public schools, revealed that 7th through 12th graders felt a serious need for recreation. Research reports were used to advocate for youth programs in public school buildings.

The recreation program that began in only one school in 1976 now functions 40 weeks a year at 11 school sites. In 1981, over 5000 youngsters were served. Operating in seven areas of the city, community schools offer recreation, education, and social events four nights a week from 3:30 to 9:00 P.M. and at varying daytime hours in the summer months. Activities range from cooking and basketball to nature hikes, sewing, soccer, and jazz dancing. Four of the programs meet in local junior high schools. All the community schools have citizen advisory councils that survey the needs of the neighborhood and help plan programs and policy. Young people have the opportunity to become members of these councils.

For information, contact: Youth Division, Department of Human Development, 740 St. Helens Avenue, 8th Floor, Tacoma, WA 98402, (206) 593-4850.

Conclusion

Ignoring the void in after-school services for young adolescents will not make the problem disappear. Now is the time to examine community departments and institutions, public and private, to determine what services are lacking and where resources overlap. With a recognition of what young adolescents need, and with the will to make creative changes, after-school programs for young adolescents can survive and thrive even in times of economic austerity. ■

For more information about CEA's materials and program contact Leah Lefstein, Associate Director, CEA, Dept. of Maternal and Child Health, School of Public Health, University of North Carolina at Chapel Hill, Suite 223, Carr Mill Mall, Carrboro, NC 27510.

This article was excerpted from 3:00 to 6:00 P.M.: Young Adolescents at Home and in the Community *and* 3:00 to 6:00 P.M.: Programs for Young Adolescents. *Published with permission.*

3:00 to 6:00 P.M.: Young Adolescents at Home and in the Community

by Leah M. Lefstein
William Kerewsky
Elliott A. Medrich
Carol Frank

center for early adolescence

Transcending the Norm

Recognizing particular needs, PP Metro DC offers a Black single parent program.

by Sovella Miller Perry

Parenting in America is usually associated with a traditional husband-and-wife couple raising children. Anything other than that is considered the exception. But for Black America, the exception is the rule. According to many sources, Black single parenting accounts for 50%-60% of all Black families, in which 47% are headed by women without husbands; 56% of all Black babies are born out of wedlock and almost 40% of these babies are born to teenagers.

The differences between Black families and white, Hispanic, or Asian families do not end there. Culturally, the Black family also reflects sexuality in different ways. Teenage pregnancy, for example, is more readily accommodated by the Black community. Although many professionals may decry the problem of adolescent pregnancy, many Blacks reply, "A problem for whom?"

Black Single Parenting (BSP), offered by Planned Parenthood of Metropolitan Washington (PPMW), sought to address these concerns. Washington, D.C. is predominantly a Black city. The BSP workshop was purposely entitled "Black Single Parenting" rather than "Single Parenting" or "Parenting" workshop for important reasons:

▶ Even though all of PPMW's D.C. educators are Black, with a clinic in the Black community staffed by Black personnel, the agency is often viewed as a white, middle class women's organization. PPMW felt that "Black" was necessary to create an affinity for the workshop in the Black community.

▶ The term single was included because in Washington, D.C. more than half of all families are headed by single people. Although this is the rule, many single parents feel alienated from coming to a program labeled "parenting". They feel it implies the societal rule of a mother and father in the home.

The workshop was designed to help Black single parents effectively communicate with their children about sexuality, understand the consequences of teen pregnancy and the role parents can play in preventing it. Teenage pregnancy is a concern which has special distinction in the District of Columbia. The nation's capital has one of the highest teen pregnancy rates in the country.

To address the special needs of Black single parents, the BSP program covers several topics of concern: definition of sexuality education; discussion of D.C. area statistics on teen pregnancy and their impact; techniques to encourage and enable parents to talk with their children about sexuality issues; ways to help parents work with local schools, community groups and churches to assist them in incorporating this important information into existing educational programs for their families. These 90-minute sessions have been offered two to three times thus far and serve a large audience of 25 to 50 parents.

The BSP program has become important as a workshop series which is serving the needs of area Black families. PPMW staff also recognize that workshops on "Parents as Sexuality Educators" must go beyond the nuclear two parent family.

They find that sexuality education for multi-racial and multi-cultural groups must transcend universal presentations. To be successful, one must look at the realities of the people involved (Black teens initiate sexual activity one year earlier than white teens) and address their needs with an understanding of their specific lifestyles.

If present trends continue, Black single parenting will remain the majority experience for the Black community. With that in mind, sexuality education programs for Blacks must focus on how single parents can fulfill their role as the primary sexuality educators of their children and help their adolescents prevent unintended pregnancy.

In replicating BSP it is important to remember the following:

▶ Use qualified Black staff and education materials relevant to Black people.

▶ Advertise in on Black media (newspapers, radio, TV, church bulletins).

▶ Use a facility in the Black community (church, school, recreation center).

▶ Have relevant statistics on Black single parenting, teenage pregnancy, etc. for your area as well as nationwide.

▶ Give concrete examples of why teenage pregnancy is a serious problem for the Black community.

▶ Invite well known Black professionals or community leaders to assist or co-lead.

▶ Query Black groups and organizations about incorporating it in their regular meetings (PTA, civic groups, tenants meeting). ■

Sowella Miller Perry is Public Affairs Associate for Planned Parenthood Metropolitan Washington. She coordinates Public Affairs activities in the District of Columbia. Contact her at PPMW, 1108 16th St., NW, Washington, DC 20036.

Accent on...

LINK LINE

GOOD NEWS FOR ALL!! We are pleased to be able to announce that the PPFA Education Department is moving the LINK—our automated data base—in-house in the next month or so. That means that we will no longer be charging users for on-line connect time, as we formerly needed to do to defray costs. Now, it will be possible for you to obtain fast, accurate, up-to-the-minute information about: programs, resources and just plain what's happening in our exciting field of sexuality education ***absolutely free of charge.*** If you don't already use our LINK data services, call or write us soon and we will be happy to explain how the system works. It is an easy and comprehensive way to get the facts, find out who is doing what in the program area of your interest and to obtain referrals on materials and educational approaches. Most of the items featured in each issue of *LINKline*, our LINK publication, will appear in the data base the next month. So, be sure to contact us for a more in-depth look at this valuable resource and for information on how you can participate in this handy, modern way of gathering the necessary data.

Also remember us in your mailings when you advertise your newly developed programs and materials. Our data base is only as accurate and timely as the data which is sent to us. This is an excellent and FREE mechanism for promoting your new materials and program ideas. For specifics, contact: Linda Schwarz, PPFA Education Department, 810 Seventh Avenue, New York, NY 10019, (212) 603-4626. ■

Accent on...

NFSEM

National Family Sexuality Education Month 1985 will have as its theme "Kids Need to Know...Be An Askable Parent!" Responses to the NFSEM survey that we distributed last December indicated a clear preference for continuing 1984's theme, and at a January meeting of national NFSEM coalition members it was decided to keep the logo with the addition of "Be An Askable Parent!" Graphics from last year can be amended to include the second part of the new theme.

Efforts are underway to develop materials for distribution by April, which should allow enough lead time for affiliates and other coalition members to plan their October activities. More information on the results of last year's survey will be given in an upcoming Education Update. ■

Safety First

King County Rape Relief team are leaders in the area of child sexual abuse prevention.

by Mary Ellen Stone and
Lois Loontjens

It is not the problem of child sexual assault that is unique to the 80's, but rather the degree of public acknowledgment and concern. Child sexual assault has always existed but it has often been significantly minimized by society. Some of the more well-known early documentation of child sexual assault was done by Freud in the late 1800's. In the course of developing his theories on the origins of hysteria, he noted that without exception all the women exhibiting such symptoms had been sexually assaulted by their fathers. Freud later concluded that these assaults did not occur, but instead were the results of fantasy. This interpretation set the tone for the public view of child sexual assault, and until very recently there has been little to change or to challenge that view.

It would appear that while the data has been available on child sexual assault for some time there has not been widespread public acknowledgement and concern. One of the forces that brought about this concern is the "victim rights movements"—specifically the anti-rape movement which began in the early '70's. The initial focus of rape crisis centers was to assist women who had been raped by providing crisis intervention and legal advocacy. However, in addition to hearing from adult victims of sexual assault, crisis line advocates soon began receiving calls from women who had been assaulted as children and had never disclosed the incident.

The function of rape crisis centers is to validate the victim's experience, listen to her perceptions of the seriousness and impact of the assault—and then communicate the reality of that experience to the general community. These reports from adults who had been assaulted as children had a significant impact on the public perception of the problem of child sexual assault—and consequently lent more credibility to studies documenting its prevalence.

The larger context

Child sexual assault cannot be isolated from the larger context of sexual violence against women. More and more we are seeing the connections between all of the forms of sexual violence. We are seeing that sexual assaults against children are a training ground — a training ground for abused male children who grow up to abuse others; and a training ground for women who learn, sometimes through silence, a number of lessons: that females are helpless; that men are no good; that sex is dangerous; that trust is abused; that "normal" is a lifetime of abuse.

Currently several theories attempt to explain the cause of sexual assault - both of women and children. Notable among these are male sex-role socialization, prior child sexual assault and exposure to pornography. It is important that in our working with the problem of child sexual assault, we keep the connections to the larger issue of sexual violence clear in our minds.

Child sexual assault prevention information has come to the forefront at many rape crisis centers for several reasons. Education, including prevention education, has always been a part of the agencies' mission, partly because of the focus on the need for social change and also because of the need to counteract the pain of working with an ever-increasing and seemingly endless number of people who have already been victimized both as adults and as children. Prevention education in the area of child sexual assault was a natural outgrowth.

Tailoring a response

The King County Rape Relief (KCRR) involvement with children evolved from their work with parents. As part of this community education program KCRR often speaks to groups in the community. In meeting with women's groups, discussion often turned to concerns about children and parents' efforts in talking with their children about sexual assault. The result of these discussions was compiled in a booklet, "He Told Me Not To Tell" in 1979. This added to KCRR's reputation in the community as an organization knowledgeable about the problem of sexual assaults against children.

The KCRR prevention program was developed as a result of requests from parents and leaders of youth groups. It is based on the following assumptions: that children can learn effective prevention skills that do reduce their risk; that both parents and schools have a critical role in reinforcing these skills; and that these skills can have a positive and confidence-building effect on the child's self-concept and view of the world.

In order to counter initial reluctance from schools to have a rape relief speaker in the classroom, King County Rape Relief worked through the local Parent, Teacher, Student Associations (PTSA's). Speakers routinely meet with parent groups to present the information, answer questions and encourage parents to participate in the classroom discussion if they wish. It has not been unusual for a school administration to be lukewarm on the issue of prevention education until the local PTSA openly supported the program. Parents are always essential to the success of this type of education program.

The current program is a one-time meeting with children in their own classrooms. King County Rape Relief speakers typically spend between twenty minutes (at the Kindergarten level) and forty minutes (at the sixth grade level) with each class. Key concepts are: it's your body ("your body belongs to you, you can decide who touches you"); it's not your fault; and it's a good idea to tell someone. Good touch/bad touch/confusing touch, "uh-oh" feelings, and the ideas of unfairness or bullying are used. (Outlines and sample presentations are included in the KCRR publication *Talking to Children/Talking to Parents About Sexual Assault.*

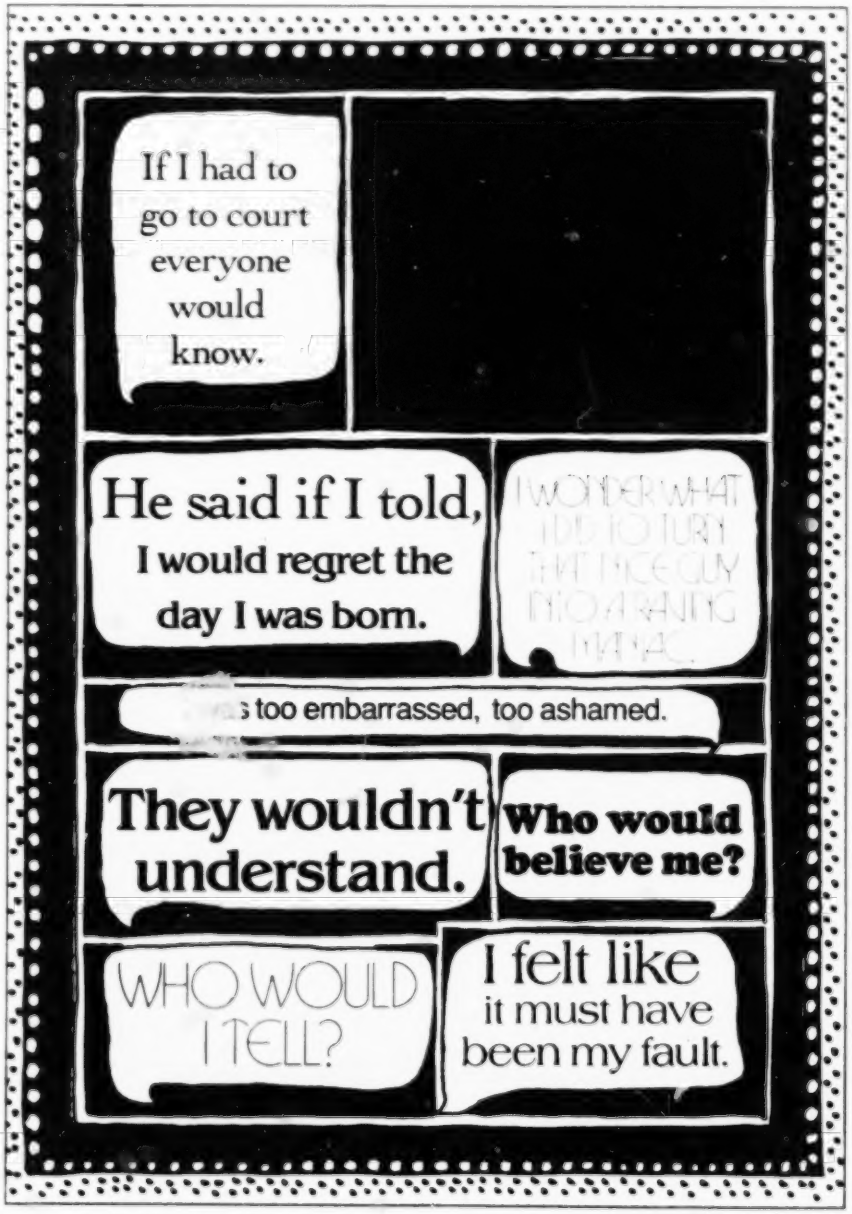
Safety education

The KCRR approach is more closely connected to safety education than to sexuality education. From their discussions with parents it was clear how varied people's attitudes and values were about sexuality—but how much agreement there was in one area—that adult sexual contact with children is wrong and that children are not to blame. Early efforts to speak with groups of children and to work out an effective approach also led KCRR to realize that their "one-time" presentations did not give them the opportunity to lay the groundwork for an approach rooted in sexuality education. The label of "safety education" allowed KCRR to skirt the controversy that sexuality education programs have faced in the community. This has disarmed some arguments against prevention education and has allowed speakers into very conservative schools.

At this point, most schools in King County have some information in the classroom and there is widespread support for prevention education. Thanks to the greatly increased public awareness, the strategies of five years ago may not be as necessary today. Presentations to junior and senior high students, based on the material in *Top Secret*, a recent publication for adolescent girls, are quite different and sexuality has become an integral part of the discussion about sexual assault.

There has been great progress in the past five years in increased public acknowledgement of the problem of child sexual assault. The original goal of providing impetus and direction to parents and schools has largely been met. The next step—for all of us—will be to work together to test new approaches. ■

Lois Loontjens has worked for seven years with KCRR and is currently victim services manager. Mary Ellen Stone has been Director of KCRR for 5½ years. Contact them at 305 South 43rd, Renton, Washington 98055.


If I had to go to court everyone would know.
He said if I told, I would regret the day I was born.
I WONDER WHAT IDID TO TURN THAT NICE GUY INTO A RAPIST
too embarrassed, too ashamed.
They wouldn't understand.
Who would believe me?
WHO WOULD I TELL?
I felt like it must have been my fault.

Partners for Protection

In-school programs on child sexual abuse pave the way for community involvement.

by Patricia Russo

There is probably no TV news team that has not done a spot on the sexual abuse of children, no newspaper that has failed to cover it, no social service worker who hasn't attended at least one conference about it. Hollywood even makes movies about it. For several reasons — the rise of the child advocacy movement being one of them — child sexual abuse is a primary issue of the eighties.

Two years ago educators at Planned Parenthood of Miami Valley (PPMV) in Dayton, Ohio first received calls from local elementary schools asking them to visit and present information on the prevention of child sexual abuse. To the agency educators, this seemed a bit different from the subjects they usually presented, such as birth control, sexually transmitted diseases or teenage pregnancy — and for this reason, the Director of Education and Training decided to write for a grant to fully develop and implement a sexual abuse prevention program within the schools.

The Sexual Abuse Prevention Program (SAPP) is funded by a grant from the Ohio Department of Health and provides an educational network for educators, students, and parents for the detection and prevention of child sexual abuse. The networking aspect of the program is probably of the greatest importance. SAPP operates on the principle that the more people who are involved and informed about the issue, the more successful the program will be. Program educators have developed a program that tries its best to educate children in prevention techniques. It also prepares both parents and educators for possible disclosures that may result from the presentations.

In its pilot year SAPP operated in ten elementary schools with presentations for grades three and six. This year the program is being implemented in 16 elementary schools with presentations for grades two through six.

Program content

SAPP is actually made up of four components: Liaison Training, Educators Training, Parents Workshop, and Classroom Presentations. Again, the reason for these four separate components is to make sure that all groups are given information. In each school, two persons are designated as liaison personnel for the SAPP program. It is their responsibility to report sexual abuse cases to the appropriate authorities. In the day-long workshop for liaison personnel, major emphasis is placed upon interviewing the sexually abused child. Liaison personnel should feel comfortable talking to an abused child so that they do not unwittingly cause further trauma. Dealing with reporting procedures is also an important part of the training. SAPP coordinators discovered to their amazement that some educators believed that they had to have legal evidence to report. In fact, all they need to have are suspicions.

After liaison training, all educators in the school — both classroom teachers and other staff — attend a one-hour in-service. This presentation is usually held at the school during a regularly scheduled in-service meeting.

Because educators spend so much time with children, they are often the first to notice that something is wrong. For this reason, the major part of the educators' training is placed upon identifying the sexually abused child by recognizing physical, emotional, and behavioral indicators. A considerable amount of time is spent during most trainings discussing half-formed suspicions that teachers already have about some students but that they have been reluctant to report. As in liaison training, SAPP personnel always urge educators to report their suspicions.

Community review

Before classroom presentations are held, the parents of the students are invited to a meeting to view the educational materials. This is perhaps the most necessary part of the program. Although SAPP is described as a safety program, it is not the same kind as traffic or bike safety. It is about sexual safety. For this reason, school administrators feel obligated to give parents the opportunity to see the program before it is given in the classroom. The parents have welcomed it and are grateful to SAPP educators for dealing with such a sensitive issue.

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After both parents and educators are informed, the students view the presentations. The educators have used a variety of materials to get their message across: puppets, filmstrips, videotapes, coloring and activity books. The messages of the program are quite simple: no one has a right to touch you in ways that make you feel tricked or confused; you have a right to say no to this kind of touch; most importantly, you should tell an adult if something like this should happen. The classroom presentations are similar in structure regardless of age level. The educators will give a presentation of some sort, a filmstrip or a puppet show for example, which will help the class to talk about the subject matter. After the presentation the class engages in role plays to help talk about confusing feelings, saying no, and telling someone. Finally, the educators will distribute something the class can take home with them for reinforcement, like a coloring or activity book.

For evaluative purposes, students are given a short post-test to answer a week later. The post-test is designed to measure the students' knowledge of good, and confusing touches, and who they should tell if a sexually abusive incident should happen to them. Also for evaluation purposes, liaison personnel report to SAPP educators the number of disclosures they receive following the presentations. Last year, ten disclosures were reported.

Resounding support

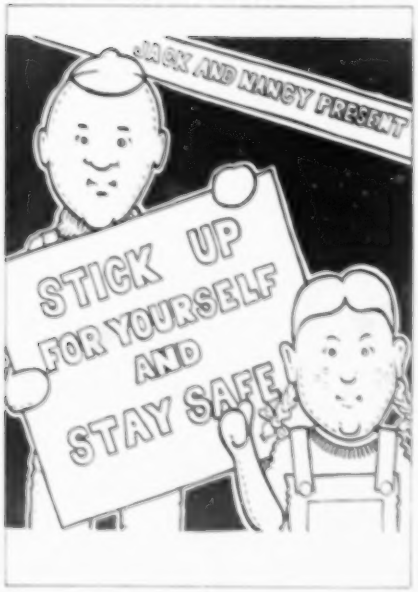
Community response to the Sexual Abuse Prevention Program has been overwhelming. Last year, the educators had a hard time getting the ten schools they needed to fulfill grant specifications because no one wanted to participate in a pilot project. This year, schools have been turned away because there was not adequate personnel to deal with them. Materials are being developed for preschools to accommodate the great number of requests from that sector.

Because of such overwhelming response, the SAPP educators are putting together a package for recreating the Sexual Abuse Prevention Program in other schools. In it will be a detailed manual for conducting training sessions and giving classroom presentations. A puppet show videotape, a filmstrip, and copies of the coloring and activity books will also be included. Any interested school, parent group, or even a neighborhood watch committee could purchase the package and operate their own programs.

Material on sexual abuse prevention will probably become a standard part of curriculum in most schools in the coming years, but PPMV hopes it will be just a small part of education on sexuality in general. It seems hypocritical for educators to go into a classroom and tell children they should feel free to talk about someone touching their sexual parts, while the educators may not name the sexual parts for fear of causing an uproar. SAPP educators have had to do this in some schools because that was the only way they could get into the classroom, but the presentations are always better when everyone can talk frankly.

The media will one day grow tired of the issue of child sexual abuse, as it has done with drug abuse and alcoholism. However, it is important that parents, educators, and social service personnel not lessen their concern when the issue becomes passe with the media. Through comprehensive education programs that teach prevention techniques and offer alternatives to enduring abuse, we can have an impact on the statistics and take away the veil of secrecy that has existed around this issue for such a long time. ■

For more information contact Patricia Russo or Dorothy Evans at PPMV, 224 N. Wilkinson, Dayton, OH 45402. Russo is co-co-ordinator of the Sexual Abuse Prevention Program. She has given over 100 Program presentations in elementary schools and has written extensively about this subject.



But some things don't feel very good. Like when Uncle Frank hugs Nancy real tight and won't let go.

Coloring book used to reinforce the messages of the program.

Close-Up

ALEXANDER MORGAN CAPRON

"We need to take a look at the implications for parental decisions and the responsibility of the medical professionals regarding new reproductive methods."

Alexander Morgan Capron was most recently Professor of Law, Ethics and Public Policy at Georgetown University, having previously been Professor of Law and Professor of Human Genetics at the University of Pennsylvania from 1972 to 1982. In January 1985 he became the first Topping Professor of Law, Medicine and Public Policy at the University of Southern California.

From December 1979 to March 1983 he served as the Executive Director of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, a congressionally chartered body that reported on a wide range of subjects in the area of bioethics and public policy. In April 1984, the American College of Physicians presented the Rosenthal Foundation Award to Professor Capron for the contribution to health care made by the work of the President's Commission.

He was the convener of the PPFA Symposium on Human Fertility Regulation: Technological Frontiers and their Implications *held in New York City on December 14 and 15, 1984. Michael McGee interviewed Professor Capron about bioethical issues prior to the symposium.*

Is there a particular thrust or focus to the material that you plan to cover at the symposium?

Much of what we are dealing with involves techniques at the edge of medical science. The impetus for the meeting is the recognition of the need to reexamine our assumption about reproductive freedom of choice in light of the new capabilities that are either at hand or that soon will be at hand. We need to take a look at the implications for parental decisions and the responsibility of medical professionals and others regarding new reproductive methods. On the one hand, they offer the opportunity for reproduction in non-conventional ways to people who have had difficulty in having children. On the other hand they create a new understanding and image of the prenatal patient. Some people find the implications of these new techniques challenging or inconsistent with some of our assumptions about abortion. We have people with not only a variety of expertise but a variety of viewpoints on some of the fundamental questions that we will be examining.

What is your opinion of federal or state licensing or governance of the new conception technologies?

My own sense is that any intervention should be guided by the need to protect people, particularly the offspring that may result. I think we have not done an adequate job of that thus far in the rather considerable experience which we've had with artificial insemination by donor. Some of the same questions are going to be arising as the transfer of embryos and ova between one woman and another becomes easier and more widely used for female problems with reproduction. I think that a certain role for the government, particularly state or local government, perhaps in a record-keeping fashion, seems to be quite agreeable and indeed probably necessary.

That is a little different from some of the ways in which the government has been involved in reproductive issues in the past. I don't want to be misunderstood to endorse something that would lead to the kinds of problems that have arisen when the government intruded itself very deeply into people's reproductive choices. But once a choice is made, there should be some means to know, for instance, who the biological father or mother of the child is if that becomes important for therapeutic reasons later in life.

The issue that has, I think, become most controversial is state regulation of surrogate parenthood. Whatever one would think of the merits of the different kinds of regulations, there are times—particularly in instances of low technology medical intervention like surrogate motherhood—that regulation is likely to be difficult to enforce and intrusive if enforced. This raises the need for a system which encourages cooperation and compliance with whatever basic registration is seen as necessary but is not so burdensome that it steers people away. I think it unlikely that prohibitions against surrogate motherhood can succeed.

In the case of the surrogate mother in Lansing, Michigan who delivered a child with birth defects, the baby's prospective parents refused the child. Then it turned out that the prospective father whose sperm were used wasn't actually the father. How can such issues be dealt with?

That case suggests that there may be some expectations that grow up in the context of surrogate relationships and other forms of "artificial" reproduction methods. They tend to make the child like a consumer product. Our rules governing disappointed expectations in the consumer area seem rather inappropriate when applied to the reproductive arena. Some children born as a result of the various new methods could well find themselves with nobody really having any interest in seeing that they are properly cared for. That obviously happens sometimes to children born in the traditional way too, whether they have defects or not. Nobody is promised a perfect, happy life or that parents will love them. But I don't think it's possible to dismiss these concerns by simply saying that it could happen to anyone.

Should infertility be treated as a condition to be covered by insurance companies?

I'm of two minds. On the one hand it seems to me that the burden on the health care dollar is only really justified if you are dealing with something that is part of an adequate level of care that everyone should receive. One quickly moves beyond the privately paid, employers' health related insurance plan to questions of government funding of the Medicaid/Medicare programs, and I am somewhat dubious where that would be justified.

On the other hand, while I don't think childlessness is a disease in the way that our health care system defines diseases, I do have the sense that, for some people, it is seen as the most important thing they want to have remedied about themselves. Indeed, there are some strictly medical procedures, such as operations to try to unblock tubes, that can be covered. Some of the other, more purely reproductive sorts of interventions are not covered, even though they may be less expensive.

One way of responding to that is to say, "the time will come when these have all moved beyond research and then we'll be in a better position to know." Many of the procedures are still very much in the research stage. As such, they are either funded by research grants or by people's willingness to pay out of their own pockets for something that is still experimental. Obviously that has a limited life span and at some point when the procedure is well enough established, it can't be sloughed off as being research.

Once we move beyond the research stage, the question is more difficult to answer. I certainly would be sympathetic to people who want to see their health plans pay, but our society's ability to pay for a lot of health care is not unlimited. To make infertility interventions a standard part of health insurance gives physicians incentives to start intervening in cases that are less pressing than the ones which initially led to their inclusion in the insurance plan. Thus, we do have to be very cautious. This is a time when employers are generally unwilling to add extra items to their insurance packages and, not surprisingly, a lot of employees are really quite agreeable to limitations because they don't believe that extra use of the dollars is as attractive to them as getting it in cash or getting it in other benefits. In the end, the best approach may be empirical—that is, having a variety of health plans, among which some may find it worthwhile to offer coverage for infertility procedures as a competitive health insurance because some people will buy that policy rather than another.

What recourse do families have if babies born through artificial insemination, surrogate motherhood, frozen embryos, or embryo transfer are defective—if the child is severely handicapped or if the baby doesn't survive due to these non-traditional conceptions?

I think that it probably depends upon the situation and cause. If there was a condition for which a competent physician would have screened and should have known about, yes, I certainly think there is a basis for legal action. There are already recognized cases where the only remedy was an abortion. Likewise, if during the course of the pregnancy the reasonably careful medical practitioner would have performed tests just as with a child conceived by another method, that may form the basis for a lawsuit. Some states have reacted to that by adopting statutes which would preclude recovery in such situations, but in the absence of such a statute it doesn't seem to me that there would be much question about it. A vendor/donor (sperm donor or egg donor) who knew there was a risk and failed to disclose it very probably has a liability.

There is a line in tort law between things which are services and those which are products. The general rule as to products has been that they can be recovered without proof of negligence, but on a strict liability basis, if there is a defect in the product. As to services, one would have to show failure to come up with the proper standard of care, which in this case would probably be a professional standard set by other people in the profession. Generally, medical care and even the products used in medical care have been denominated services, not products. Therefore they have not been held to the same standards as other things that you purchase in the marketplace. But there have been some deviations from that. Some states, for instance, regard blood and blood transfusions as properly analogized to a product rather than a service. It's too soon to know how sperm and eggs will be categorized. I think at first they are very likely to be treated as part of the general package of the services supplied by a medical provider. But if the only relationship is that of the commercial outfit that is providing them and if there are tests that would show something to be defective and they aren't used, I can see a product analogy.

As regards that sort of product liability area on the personal level, what are the legal responsibilities of a woman whose child is born defective if she knowingly smoked, drank or took drugs that are harmful during pregnancy? Is there a parallel responsibility for manufacturers of drugs, tobacco or alcohol?

In one case, a woman who took an antibiotic during pregnancy for what the court thought was not a very compelling reason, was also held liable in a suit brought by her child against the manufacturer and the physician. I think the rationale there was simply that the mother's home owner insurance policy offered another source of recovery for the child. It really wasn't a suit claiming any terrible fault on the part of the mother.

There was some loose language in the decision in a so-called "wrongful life" case in California about four years ago involving the failure of a diagnostic lab to predict genetic defects. The court, in saying that the child and the parents could recover, said in passing (what we call dictum) that the child could also recover against the parents if the parents had been given the information and failed to act on it.

This suggestion did not survive very long because the California legislature passed a statute that recognized the right to sue physicians for negligent failure to give advice about the "treatment" of defective fetuses (including prevention of birth) but said that a child cannot sue its parents for their decision. I think that the general view, and the better view, is that the state should do all that it can to facilitate parents making decisions that are protective of their offspring, but ought not to threaten them by lawsuits. There isn't, after all, an objective standard of "correct" parental choice the way there are objective standards of appropriate level of knowledge and skill for professionals.

Should there be a registry for *in vitro* fertilization so an accounting of success rates can be established?

I think those kinds of comparative research registries are always useful. We've had them in many fields—for transplantation and so forth—and they usually prove to be very valuable. They're usually set up by the professionals in the field who are trying to learn about a research procedure. Sometimes there is a national collaborative trial that's sponsored by the National Institutes of Health that can be funded by the government, but it is not in any significant sense a government operation. It is merely that the government has provided funding. Because of the ban on fetal research, which has been taken to include funding of *in vitro* fertilization and so forth, it is unlikely that there will be much federal involvement for such an *in vitro* registry at the moment, however. ■

New Meanings for Men

Changing male roles emerge as a relevant issue for Ithaca PP.

by Besty Crane

Training conferences for helping professionals have been an important program area at Planned Parenthood of Tompkins County (PPTC) over the past two years, as a part of their mission "to encourage rational discussion of sexuality among people at all ages in Tompkins County." This small affiliate has learned that the most effective way of reaching their defined target audience groups—teens and parents—is through influencing the knowledge, attitudes and skills of the various helping professionals in the community.

A conference held in April, 1983, focused on an important area which has been difficult to address in many sexuality education programs. "Understanding Homosexuality and Homophobia" was planned in coordination with a local committee on Human Sexuality, with lesbians and gay men involved in all phases of the program. The conference was very well received, with 91 area professionals attending. Keynote speaker Rev. Bill Johnson, Ph.D., the first openly gay person ordained in a mainstream Protestant denomination in recent times, presented his definition of homophobia: it encompassed the viewpoint that the irrational fear of being close to someone of the same sex was based on a "devaluation of the feminine."

The impetus

In Ann Arbor, Michigan in August, 1983, the author attended the "8th National Conference on Men and Masculinity." There was a unique atmosphere of safety and relaxation for the 350 men and especially for the 20 women in attendance. The men present, both straight and gay, supported one another. They were involved in personal growth workshops, singing, and poetry readings, all of which explored how men can reduce their homophobia and learn to meet each other's emotional needs. As a member of the newly formed National Organization for Changing Men, the PPTC staffer experienced an environment in which men, not desperately needing women to confirm their masculinity, could then treat women with a more rational perspective.

As a first step toward bringing these issues to the Ithaca community, PPTC decided to sponsor a "Building Bridges" concert and workshop in the fall of 1983. This replication was based on a powerful workshop held at the national men's conference led by two counselors who assist men and women through the issues that hinder mutally respectful and close relationships. These counselors work with folksingers whose music is about changing male/female roles and relationships. The Building Bridges concert/workshop was a large sucess, with 250 people attending the concert on Friday night and 110 people at the Saturday workshop. The publicity generated reached even more people (and revenue exceeded direct costs by $1200).

A group of men at the conference were inspired to begin the formation of the Ithaca Men's Network. A school psychologist who works for Planned Parenthood part-time as an educator/trainer became an active member of the network, serving on the coordinating committee. This group started holding monthly forums at Planned Parenthood which are open to all men and began several support groups which meet weekly.

Men's Awareness Week

In October 1984, Planned Parenthood of Tompkins County and the Ithaca Men's Network co-sponsored a "Men's Awareness Week." This week was a call for community exploration of the impact of traditional and changing male roles on the lives of men, women, children and social institutions. The Week was proclaimed by the mayor and a series of events was planned including: a Finger Lakes Men's Fest weekend gathering for men; a lecture for students and the public; a symposium for Cornell University faculty and staff by Robert Brannon, Ph.D., on the male sex role; a concert by folksinger Geof Morgan; and a day-long conference for health/human services workers, teachers and clergy entitled "Understanding Men and Masculinity." Working with men who understand the complicated dynamics of male roles made it easier to be involved. They helped in articulating the issues to be addressed and conducted most of the workshops themselves.

The lead event of the Week, the Finger

Lakes Men's Fest, was sponsored by the Ithaca Men's Network. Eighty men from upstate New York attended this weekend retreat, which was described as a time to explore ideas related to men and masculinity as well as to celebrate and share the male experience in a supportive non-sexist environment.

On Thursday, Robert Brannon, Ph.D., a founding member of the National Organization for Changing Men, and psychology professor at Brooklyn College, presented a colloquium for about 20 Cornell University faculty/staff members which was co-sponsored by the Women's Studies Program and other Cornell organizations. He traced the development of the male sex role as it has evolved today and the ways it is still considered to be a crucial part of the well-adjusted heterosexual male personality. He expressed that psychological tests still used today ask questions about one's preferences for food and colors, and if your answers are like those of most people of your gender, you are considered to be adjusted to your gender. If they are not, you are seen as possibly being homosexual. Again the specter of homosexuality as the opposite of masculinity emerged.

On Thursday evening 125 people attended a performance of "men's movement" songs by Geof Morgan. Formerly a country-western songwriter out of Nashville, Geof now lives in Washington state and has recorded two albums on themes of being raised male, changing male/female relationships, being a father, homophobia, battering, and celebrating being a "changing man."

Planned Parenthood's day-long conference on Friday was attended by 85 area professionals, including clergy, teachers, physicians, nurses, therapists, social workers and other interested people. Dr. Brannon gave the keynote speech after which participants met in same-sex small groups to discuss two questions: the assumptions that we make about men and boys in our work, and the effect these assumptions have on the way services are delivered.

Conclusions

In a general gathering at the end, one participant expressed what seemed to be the thinking of many. She claimed that the issues raised were difficult ones, and that she hoped people would continue to discuss and think about them. She also thanked Planned Parenthood for having the courage to offer this program, and for creating an atmosphere of love and acceptance which made it safe to explore hard feelings as well as offering an open environment in which men and women could talk together about men.

Because of extra funding from the New York State Bureau of Family Planning to conduct programs for men and boys, PPTC was able to offer reductions on the regular $20 fee, thus increasing access. In addition, the publicity generated covering the events of Men's Week was greater than that usually received by PPTC educational programs. This was positive both in terms of raising the issues in the minds of more people and as a public relations vehicle for PPTC.

The impact from this experience, one month later, is still hard to assess. So far, a slide show which was shown at the conference has been purchased by a Cornell organization to be made available locally. There is great interest in making the Finger Lakes Men's Fest an annual event involving other men's groups in upstate New York with possible rotating sponsorship.

Planned Parenthood's staff gained many insights for their work, and the education program will continue to offer special male programs. These include the PPTC Father/Son Weekend for 10-15 year olds and their fathers, which received rave reviews from the 13 families who attended last June.

Why are these issues important now? As the American family is changing, as women have reexamined their roles in the past 15 years, men have felt pressure, often without any guideposts for their own changing lives. People seem ready to think about men and boys and their needs. As one conference participant answered on the evaluation form question "What do you think you may do differently after attending this program?" said, "Hug my son on my lap more." ■

Betsy Crane received her Master's degree in Communication from the University of Texas at Austin in 1972 (Graduate Program in Mental Health Information). Formerly a mental health educator in Louisville, KY, and teen counselor/educator for the health department family planning program in Cortland, she has been PPTC education director for 5½ years. Contact her at 314 W. State St., Ithaca, NY 14850.

The Ithaca Men's Network and Planned Parenthood of Tompkins County present

Men's Awareness Week

The 49% Majority: Men's Lives, Men's Roles

OCT. 19 - 26, 1984

A week-long series of events exploring the consequences of being a man in America today & the impact of men's roles on themselves and their relationships with women, other men and children.

The Finger Lakes Men's Fest
Friday evening, October 19 through Sunday Lunch, October 21
Camp Almot (Newfield)

The Ithaca Men's Network is sponsoring the region's first weekend gathering for men to explore ideas and issues related to men and masculinity. Workshops & forms will address topics such as: building better relationships; stress and success; pornography; homosexual and male friendships; men as lovers; fathers & sons; responses to feminism; marriage & male/female friendships; dealing with divorce issues; getting beyond competitiveness and aggression. Nationally recognized folk-rock singer, Geof Morgan will perform in concert on the evening of Oct. 19. This weekend retreat will take place at Camp Almot (20 min. from town). $35.00 fee covers activities, meals, lodging, concert. Register by Oct. 12. Contact the Ithaca Men's Network at 277-3271 or 844-8652. Reduced fee available.

Robert Brannon, Ph.D. "The 49% Majority: Taking a Look at the Male Sex Role."
Thursday, October 25, 1:25 p.m.
Uris G01, Cornell University

Presentation by Robert Brannon, a Professor of Psychology at Brooklyn College, who is one of the founding members of the National Organization for Changing Men. In 1976 he co-edited the book — The Forty-Nine Percent Majority. The Male Sex Role — which is a pioneering attempt to raise awareness of the social dynamics influencing and defining men's sex roles. Brannon's most recent work has included research on men and pornography as well as teaching courses on the male sex role and the social definition of masculinity. In addition to his presentation at 1:25 in Uris, a colloquium is planned for later in the afternoon. For more information on the colloquium call 277-3271 or 256-2748.

Geof Morgan in Concert: "It Comes With the Plumbing"
Thursday, October 25, 8:00 p.m.
Anabel Taylor Chapel

A nationally recognized folk-rock recording artist, Morgan writes songs about the dilemma of being raised male, strong, tough and out of touch with most feelings. His music contains a sense of humor and you'll laugh; you'll cry. You'll go home with a new perspective. Bring your friends and family. You won't want to miss this one. Admission $4.00, $5.00 at the door. Tickets available from Borders Bookstore, Ithaca Guitar Works, PPTC.

"Understanding Men and Masculinity: A Conference for Health & Human Service Providers, Teachers, and Clergy"
Friday, October 26,
9:30 a.m. - 5:00 p.m.
Women's Community Building

Planned Parenthood of Tompkins County is sponsoring this day-long conference for both men and women in the helping professions to: examine how social institutions shape men's roles and how traditional as well as changing roles affect men, women, and families. Keynote address by Dr. Robert Brannon. Two above workshops will address male sexuality, boys and selective conditioning, homophobia, violence against women, and (other) interested individuals are also welcome to attend. $25.00 fee. Register by October 19. Contact PPTC at 277-3528. Reduced fee available. Funded by the N.Y.S. Dept. of Health Bureau of Family Planning.

ATTEND ANY OR ALL EVENTS. JOIN US IN EXAMINING THE CHANGING NATURE OF WHAT IT MEANS TO BE MALE.

Supportive Solutions

Kalamazoo PP offers hope, care and help for infertile couples.

by Pam Kies-Lowe and Louise Safron

With the past year's emphasis on political campaigns, candidates, debates and issues, much of the nation's immediate attention has been focused on the problems of adolescent pregnancy and abortion. Preventive programs abound and new models continue to be developed to avoid unintended pregnancies. Other not-so-urgent, not-so-controversial problems are sometimes put on a back burner. Infertility can be a back-burner reality for reproductive health organizations with limited staff and financial support.

The reality disappoints and annoys infertile couples, like Liz and John (not their real names) who are members of Reproductive Health Care Center/Planned Parenthood's (RHCC/PP) Infertility Support Group (ISG) in Kalamazoo, Michigan. Says Liz, "I've accepted my infertility, but I still get angry when people ignore the problem or are capricious; when they take it too lightly; when they make it sound like nothing is really wrong: 'Now that you're ready to adopt, you'll probably get pregnant', or 'Relax, you're trying too hard'. I know that isn't rational or nice, but we carry these feelings like pain inside of ourselves in a pro-natal society."

The program emerges

RHCC/PP's Infertility Support Group was developed in early 1981 in response to community requests for information, counseling, and referral sources. There were no programs of this type available in south central Michigan at that time. Unable to fund primary medical and counseling screening services, the RHCC/PP Executive Director searched for the nearest sister-affiliate offering infertility services. The Grand Rapids affiliate shared information about their support group and thus helped to create the Kalamazoo Infertility Support Group (ISG). The first meetings were held in the winter of 1980-81 during terrible ice and snow storms that are common to that part of Michigan. As the formation of the group had been widely publicized through a press conference, PSA's, and marketing mailings of brochures to area physicians and social service agencies, long drives in an ice storm or not, 30 people arrived for the first meeting.

The first facilitator of the ISG was the RHCC/PP former Counseling Coordinator, who with the Executive Director, utilized the outstanding community resources in Kalamazoo. Two fertility research specialists from the Kalamazoo-based Upjohn Company volunteered to help the fledgling group find speakers and programs. Early programs included infertility specialists from the University of Michigan Infertility Clinic and attorney Noel Keane (who flew in from Detroit at his own expense), who talked to a packed house on the then new and still controversial topic of surrogate motherhood.

Monthly meetings have been held since late 1981 at the Kalamazoo Planned Parenthood facility on the second Wednesday of every month at 7:30 p.m., and are publicly open to any infertile couple or individual. The support group offers guided discussion of emotional, legal, and medical aspects of infertility, as well as presentations by a wide variety of experts on these options. Exploration of parenting options is conducted often. Topics encompass adoption, child-free lifestyles, artificial insemination, in vitro fertilization, foster care, and surrogate parenting. Couples and individuals who have experienced long-term infertility share feelings and information with those new to the problem or those who only suspect infertility. Information is exchanged about the cost and availability of medical diagnosis and treatment in the area.

Today, the group emphasizes imparting skills which will enable more skillful coping with both emotional and medical barriers for the infertile person or couple. A monthly newsletter is circulated, updating group members and the public about on-going events, speakers, and resources.

Programs are diverse, with speakers for the group often coming from as far as 100 miles away at no charge. Some past presenters include local urologists, OB/GYN's, reproductive physiologists from the Upjohn Company, infertility researchers from University of Michigan Medical Center, local social workers who handle adoption proceedings, the program directors of an agency which facilitates international adoptions, physicians

who specialize in artifical insemination and in vitro fertilization, a lawyer who specializes in surrogate arrangements, and several infertile couples.

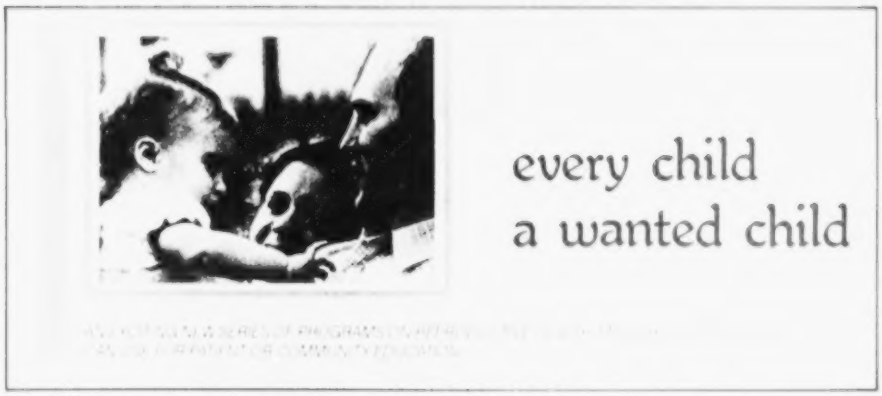
Program response

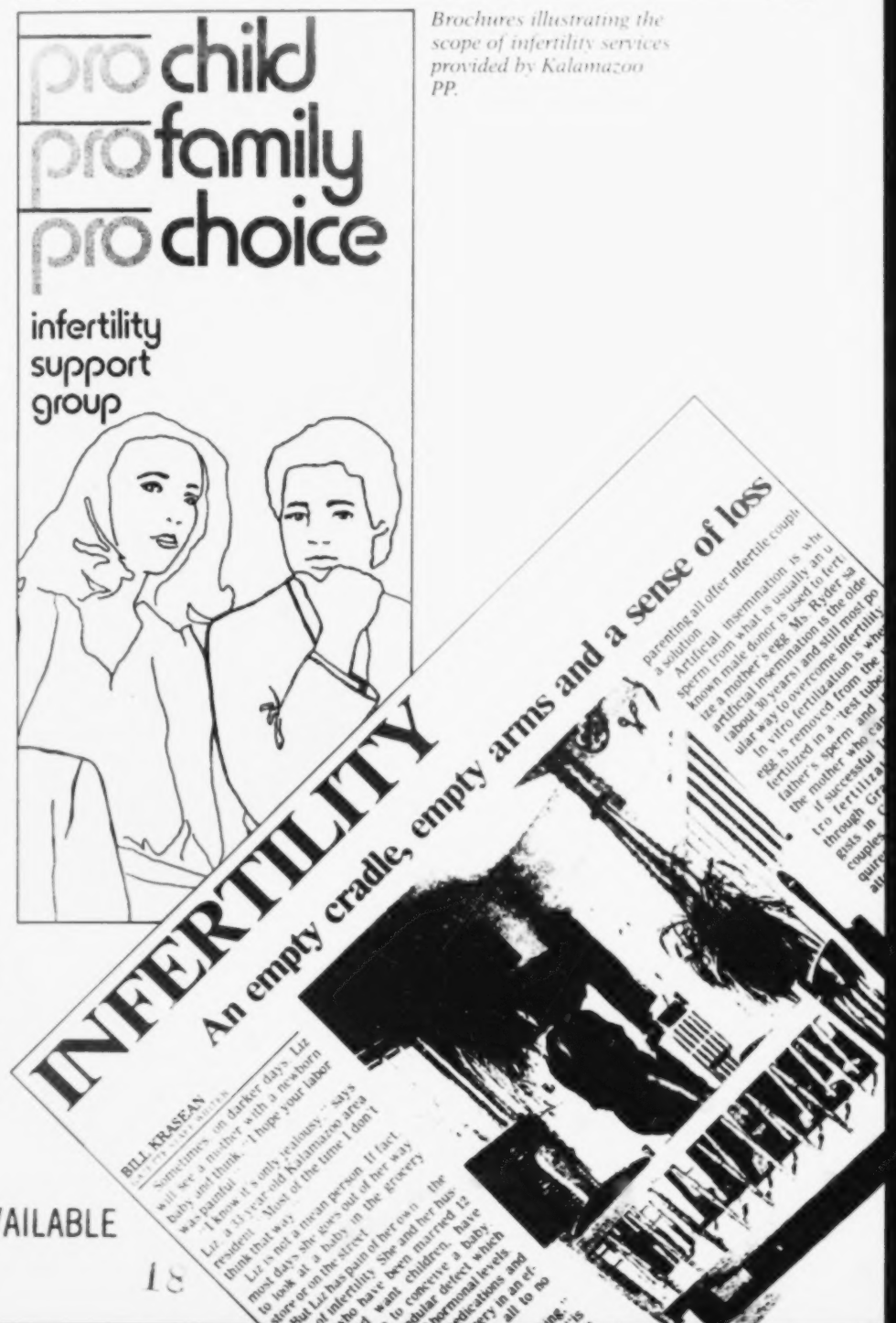
As this group developed, the positive marketing aspects of its presence in a full surgical Planned Parenthood program became very apparent. RHCC/PP went heavily into cable television videotape production and featured two programs on infertility: The Medical Aspects and The Support Group. These national award-winning programs, available for sale out of town and for loan locally, are also being shown four times a year on local cable access TV. The programs will also be shown on Grand Rapids public televison beginning in January 1985. These programs are aimed at the 15 percent of all couples who are infertile.

The Kalamazoo community has responded enthusiastically to the sensitivity with which this group handles its presentations. Local media have been extraordinarily supportive. From a marketing standpoint, the ISG allows Planned Parenthood to 'fit' its name by helping people to 'plan' their parenthood, both when they wish to conceive and when they wish to delay or prevent a pregnancy. The positive response is shown by a recent public statement by a very pregnant group member, "We would never have achieved this pregnancy if it had not been for RHCC/PP's ISG. There we learned about the physician and the treatment option that worked for us." Others report to friends and the press that the group has led them to international and local adoptions, and for some to learn to accept permanent, though involuntary, nonparenthood.

The ISG program costs the affiliate approximately $1,500 per year. This includes staff time, mailing and duplication costs and refreshments for the group. Without question, a reproductive health program is much enriched by the addition of such a low cost program. ■

Pam Kies-Lowe, Information and Education Coordinator at RHCC/PP, has an M.A. in clinical psychology, with background in parent training, child sexual assault prevention, childhood development and education. Co-author, Louise D. Safron, affiliate Executive Director, has an MPA plus 10 years' experience in two Planned Parenthood affiliates, background in family living education and is a freelance author. For more information, contact: Reproductive Health Care Center/Planned Parenthood, 420 West Michigan, Kalamazoo, MI 49007.





Brochures illustrating the scope of infertility services provided by Kalamazoo PP.

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Herpes and AIDS: Managing the Mania

This innovative program focuses on enlightening professionals and the media about current health concerns.

by Art Hoffman

Even in these supposedly "Enlightened Eighties," characterized by greater sophistication and candor about sexual concerns, it is evident that there still is a great deal of work to be done. Such is certainly the case when family planning professionals consider herpes and AIDS (Acquired Immune Deficiency Syndrome), two of the most talked-about, yet least understood, conditions of this decade. With an estimated half million new cases of herpes each year, and the incidence of AIDS doubling every six months, health care workers are well aware that these have reached epidemic proportions. What is most troublesome, however, is that while media coverage has likewise multiplied, it has been woefully inaccurate and unhelpful. Marked by sensationalism and hysteria (even by the more "respectable" sources), a definite mania has developed in this country. In bountiful supply are herpes jokes, reports of fear of toilet seats and hot tubs, and anecdotes along the lines of TV cameramen refusing to go into the Gay Men's Health Center for fear of contracting AIDS. What is lacking are understanding, compassion, and good medical care.

To respond to this need, the training program "Herpes and AIDS: How to Manage the Mania" was developed as part of the professional workshop series offered by New Mexico's Title X Family Planning Program in conjuction with the Center for Health Training in Austin, Texas. Conducted principally by the author and assisted initially by Jonathan Mann, M.D., former State Epidemiologist for New Mexico, the full day workshop combines lecture/discussion, film, skits/role plays, resource exchange, and an evaluation component. The epidemiology of herpes and AIDS is covered, followed by a discussion focusing on understanding the emotional needs of herpes and AIDS patients.

Expanded thinking

Since its introduction in November 1983, the workshop has been conducted in four major New Mexico cities as well as in Houston and Las Vegas in abbreviated format, for audiences comprised primarily of physicians, nurses, counselors and educators. Evaluations have been uniformly positive with participants exhibiting greater knowledge and comfort levels as well as enhanced skills for providing medical care and/or emotional support. Not surprisingly, since contributors to the mania are all too often uninformed health professionals, a welcome benefit of this training has been the achievement of a sane and reassuring attitude that this group of care providers should have demonstrated all along.

Many of the messages which participants receive, and are encouraged to convey to patients and clients, center around this mania. Examples of the more ludicrous fears and myths (of which many are cited) offer persuasive proof to the unconvinced. Throughout the program the need for a *balanced* perspective is stressed, e.g. herpes is neither Falwell's revenge nor another blemish for Clearasil; AIDS has a tragically high mortality rate, yet it is not highly communicable.

As with most other aspects of human sexuality, *education* serves as the first step toward achieving a balanced outlook. Health professionals are urged to assume, not shirk, their responsibilities for combating the ignorance and prejudice they encounter. To do otherwise is to relegate the vital role of teachers to the supermarket tabloids and daytime soap operas. Finally, it is critically important to convey the incurable nature of both herpes and AIDS. Americans so afflicted waste millions of dollars as they fall prey to the many charlatans willing to exploit their plight. So-called "cures" for herpes, particularly, abound in the popular press and are discussed ad nauseam at coffee klatsches and cocktail parties. Health professionals must attack the perpetuation of these myths.

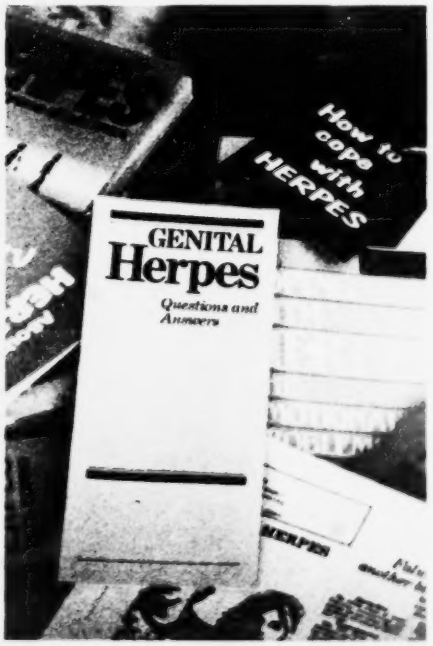
Future implications

How likely is it that there will be a mania in need of management five or ten years hence? A two-fold answer appears most appropriate. From a medical perspective, great strides have been made in research, diagnosis and treatment of genital herpes; the general consensus is that a vaccine might not be far off. Similarly, it appears that the probable cause of AIDS (like herpes, a virus) has been determined, and continued research aided by increased long-overdue funding may achieve com-

parable success. Unquestionably, hope and reasons for optimism exist for both conditions. But virology is a relatively new science and it does not necessarily follow that because a human being can be sent to the moon, or a baboon heart transplanted into a infant, a virus can be extracted from a cell. Many authorities who work in this field caution against impractical expectations; sage counsel for Americans, who are so accustomed to finding the answer to "whatever ails them" behind the medicine cabinet door. Hope? Yes, but tempered with realism.

It is for this very reason that the second half of the answer bears mentioning. The mania can only worsen when moralistic condemnations supplant medical recommendations. As the anti-sexuality education factions continue to mobilize and gain increasing strength, the task becomes more difficult. Until and unless herpes and AIDS are eradicated, Americans must learn to live with them. The role of education is of paramount importance in this endeavor. ■

Art Hoffman, AASECT certified sex educator, is currently the State Training Manager for the Title X Family Planning Program in New Mexico. Since 1970, he has worked for Planned Parenthood affiliates in Chicago, Los Angeles, Albuquerque, and Rochester, New York, where he has conducted a wide variety of sexuality education and training programs. Contact him at Title X Family Planning Program, Health and Environment Department, Health Services Division, P.O. Box 968, Santa Fe, New Mexico 87504-0968.



Making Sense of the Syndrome

This personal and thorough program helps many Western women who suffer from PMS.

by Jean Omelchuk

"I feel as if I'm out of control." "I wonder if I'm going crazy." "I feel like two different people." These are familiar ways for women with Premenstrual Syndrome (PMS) to describe themselves on their symptom days. These feelings come from a strong sense that something is happening to them over which they have no control.

Experts estimate that 60% of American women may suffer from some degree of PMS. Five to ten percent of them are affected severely enough that at times they are unable to manage their personal or professional lives. Only through acknowledging that this syndrome is often a part of a woman's experience can we begin to give women with PMS the reassurance and education they need to regain control of their lives.

A three-way approach

In January 1984 Planned Parenthood of Billings (PPB) established a PMS program to make information, education and medical services available to low income women. The program's staff consists of a physician, a nutritionist, and a program director who all teach classes. In addition, the physician makes medical evaluations; the nutritionist is available for individual consultation; and the program director handles administration, speaks to community groups, and answers calls that come into the agency about PMS.

The classes which meet two hours a week for four weeks give the woman a month of contact with the staff and with one another as well as time to try some of the recommended lifestyle and dietary changes. PPB limits the class to twenty paying participants, and usually a few spouses, partners or parents also attend.

The first class is taught by the program director, experienced in teaching and counseling. During this class the instructor tells about her personal experience with PMS. Each participant is then invited to do the same. For many of the women and men it is a powerful feeling of relief to share for the first time their experience with PMS. As each story is told heads nod, letting each one know that the others understand. Also included is an overview of PMS, definition, patterns, symptoms, incidence, and a bibliography.

Since recordkeeping is one of the most important ways of diagnosing PMS the following worksheets are provided: a self-administered questionnaire including menstrual history, description of support system, eating habits, amount and kind of exercise, and sources of stress; a list of 50 symptoms to be scored from 0 (not present) to 10 (worst possible intensity); and calendars on which to record symptoms as they occur. Recordkeeping objectifies the woman's experience both for herself and her health care providers.

The second class is taught by the nutritionist who discusses dietary considerations, stress and stress reduction, use of therapeutic doses of vitamins, exercise, and the effect of an individual's lifestyle on her PMS.

The third class is taught by the physician and includes theories of causation and medical management of the symptoms. Some of the women have had frustrating experiences with physicians; this is a time for them to question and listen to a sympathetic doctor.

The last class, also taught by the program director, explores some techniques and resources in the community for learning the skills needed to improve relationships that may have been damaged by long term PMS episodes. The stage is set for the class by the use of "The Touch Film" with Dr. Jessie Potter. The film clearly describes the importance of "touch" on our personal lives and the lives of those we work and live with.

This course content has been modified for use in training sessions for the local mental health center, Planned Parenthood of Billings clinic staff, area nurses, and the staff of a nearby Indian Health Service hospital. From a grassroots movement of tenacious women who have brought PMS into the open, we can look with hope for the future:

▶ More interest and research about causes and treatment.

▶ Introduction of the issue into health education curricula to teach adolescents with PMS to recognize the emotional symptoms and not incorporate them into their personality and identity.

▶ More sensitivity in contraceptive clinics toward women who are unable to

tolerate the pill because of PMS.

▶ A better understanding of menstrual biology by listening to women describe what they experience.

▶ The incorporation into the family planning clinic visit of some simple management techniques for women with mild or moderate PMS.

▶ More support, understanding, and information for people who are in relationships with women who have PMS.

It is PPB's viewpoint, after having successfully offered PMS programs, that although it is often emotionally draining and time consuming, much knowledge has been earned and sensitivity gained by helping women with the distressing symptoms of PMS. This has helped to create a climate in which other family planning clinics can now consider offering these PMS services. ■

Jean Omelchuck is Special Project Coordinator for Planned Parenthood of Billings. She has an M.A. in Personnel and Guidance and teaches classes in Health and Sexuality at Eastern Montana College. Contact her at Planned Parenthood of Billings, 721 North 29th St., Billings, Montana 59102.

Program staff: Clayton McCracken, physician, and Jean Omelchuck, director (top) and Dayle Hayes, nutritionist (bottom).

Accent on...

COMMUNITY BASED EDUCATION

In 1981 the Andrew J. Mellon foundation generously funded a 2-year research and demonstration project in three sites to assess the potential for offering family life education programs using a non-traditional, community-based approach. Affiliates in three cities, Milwaukee, Oklahoma City and Yakima, Washington demonstrated unique avenues through which family life education programs were implemented. In Milwaukee the target audience was people in their mid-years; in Oklahoma City the programs appealed to "pink collar" employees at their worksites; and in Yakima, MUtual Support Teams (MUST) of parent educators reached out to their peers with the support of organizations such as the Rotary Club for entree into the community.

In summer, 1984, three follow-up surveys were conducted to evaluate this project. Measures of community support for sexuality education, awareness of programs, and teen pregnancy rates were examined with questionnaires sent to (1) community leaders in the three project sites and three comparison sites, (2) a random sample of residents in those cities, and (3) all Planned Parenthood affiliates. Here are some of the results:

▶ Of the 61% of affiliates who responded, 22% could not obtain figures on teenage abortions for their jurisdiction. Without these figures, there is no way to calculate teen pregnancies.

▶ Finding the total number of teenagers in a given locality is yet another problem. Without that knowledge, we have no idea of how many teenagers are "at risk" of an unwanted pregnancy; thus, we cannot determine whether a given number of pregnancies is high or low or whether a change over time is great or small.

▶ Teen pregnancy rates could be estimated for slightly more than half of the affiliates (53%).

▶ The response rate for the leaders' survey was 61%; for the random survey 22%; and for the affiliates' survey 61%.

▶ In Yakima, a year after the Mellon funding of the project had ended, 75% of the sample population supported teaching about birth control in junior high schools, and the same proportion believe that contraceptives should be available to all teenagers. This indicates a community in which attitudes about service provision have been changing. In the survey of community leaders, all thought that birth control information should be taught in junior highs, and 86% thought that contraception should be available to teenagers. This survey identified the troubling finding that only 30% of the general survey, and 58% of the leaders opposed the idea that a teenager who got pregnant should be encouraged to keep the baby in order to "teach her about responsibility," and about a third of those surveyed actually supported this concept.

▶ In a comparison city, there were unchanging rates of teen pregnancy and roughly similar community attitudes.

▶ One respondent commented, "Parent groups are doing more sexuality education because 'Working Together' got them talking." Community leaders in the comparison city were generally not aware of any family life or sexuality education programming presented by any organization other than a youth shelter service for its residents.

▶ In Milwaukee, statistics on 1983 teenage births and abortions are not yet available. There is no way to compare the effect of the Mellon program on teen pregnancy or birth statistics. Support for the provision of contraceptive education and for sexuality education in general to those under 18 is higher among community leaders in Milwaukee than it is in the comparison city. More of the community leaders in Milwaukee supported the provision and funding of services for adolescents than did those in the comparison city.

▶ In Oklahoma, teen births are reported only on a statewide basis. Oklahoma community leaders are, as in Milwaukee, more likely to support the provision of contraceptive services to teenagers than are community leaders in the comparison city (where they had a stable teen birth rate).

▶ From the survey of Planned Parenthood affiliates, we found that community-focused education is growing and that training for health professionals is becoming more prevalent. Ten affiliates report programs developed from materials contained in the "Working Together" handbook, most frequently on the Yakima MUtual Support Team model.

▶ From provisional tabulations, it looks as if first contraceptive visits by women under twenty are increasing, and that the ratio of positive to negative comments in the local press is improving. ■

What's Love Got to Do With It?

This California PP provides a close look at intimacy in relationships.

by Barbara Petrich

There's a lot of talk about love these days. The audio and video airwaves are buzzing with the endless sound of love and relationship concerns. Words like "intimacy" and "commitment" roll off people's tongues without the slightest sticking in the throat, and many parents today are breathing sighs of relief at their children's willingness to place their sexuality within the realm of a ring, a license, and a joint listing in the phonebook.

Apparently, romantic love has made a comeback after the sexual revolution of the late 1960's and 70's. Whether love has returned or just changed form, there is something new about it in the 80's. People seem to have gained some new insights and lost some of their innocence about love. Now they are asking some painful, perhaps cynical questions about loving relationships. There is earnest conversation about love everywhere, but nowhere are these concerns stated or the questions asked more simply than in three number one pop music songs of the last year whose titles tell the story: "What in the Name of Love Are we Doing?", "What is Love Anyway: Does Anybody Love Anybody Anyway?", and "What's Love Got to Do With It?"

Out of popular themes

Although it would be absurd to think that the songwriters had human service professionals in mind when they wrote their songs, there seems to be a certain mission for sexuality educators in these questions. At Planned Parenthood of Santa Barbara (PPSB) they were part of the context for creating a teaching model that asks those very simple yet profound questions about love. How do you know when you love someone? How do you know when someone loves you? How do you communicate those feelings?

In asking these questions, PPSB had the nagging sense that they had heard them before. And while doubts still haunt them from time to time, in the two years of asking thousands of people, the staff have been hard pressed to find anyone, including themselves, who answers coherently about what love means to them. They get a lot of "you knows," followed by words like "intense, special, caring, forever," etc. It almost seems as though there is a conspiracy of silence around love as much as there is around "those things you never talk about." Apparently we're not much better at directly communicating about love than we are about sex, even though most of us use the word "love" daily in umpteen references to our feelings about everything from ice cream to movies to oceans to family, friends and partners. Not knowing how to make simple sense of this paradox, the PPSB intimacy teaching model has turned into a search for some understanding of the seeming contradiction between speech and silence regarding love. The search continues.

What do you normally say in response to someone saying, "I love you"? For most of us, it is a simple, straightforward four-word reply: "I love you, too." What follows may be a dinner, a movie, or a justice of the peace. Or we may hang up the phone, go back to washing the dishes, watching TV, reading a book, or feeding the dog. Sometimes we embrace, kiss, "make love", or stare into each other's eyes. Sometimes we look shyly down at our shoes or search for the nearest exit. But regardless of what we do, we find it almost impossible to articulate what's going on with our emotions. Those few words between us have captured it all. Or so it seems, from our rather ritualistic insistence on repeating this exchange with everyone we come to care for.

Very rarely do we respond to "I love you" with direct (intimate) communication: "I feel good inside when you say that, but I really don't know what you mean by the word, love—and I would like to know"; or "I generally like hearing those words, but I'm also feeling confused and afraid. It would help me if we could talk about what love means to each of us." As a matter of fact, some people might consider such replies rude, offensive, even mean; too unromantic, rational, cold and inappropriate. We know what we are supposed to say. "I love you, too" will do just fine, thank you. As it turns out, "I love you, too" has not done just fine—not if we are to believe some of the reports of "love in the 80's" (see chart).

In the name of love

We do a lot of crazy things every day in the name of love. We get pregnant unintentionally, we get drunk, we get depressed, we get sick, we get fat or anorexic, we slam doors, punch walls, break dishes and windows, or wreck the car. A lot of our time is related to love relationships; either trying to get them, keep them, get them back or forget them.

Perhaps, "I love you, too" cannot be given all the blame for this. There are powerful forces creating some increasingly hazardous contradictions about intimacy. Among them are the way we are socialized to constantly deal with relationships in our heads instead of aloud with our partners; our assumptions about how an intimate relationship *should* be done rather than understanding the real work of getting close to another person; and our inability to make love and intimacy an issue of practical communication.

So what does love—and all its problems—have to do with sexuality education? Haven't sexuality educators got enough on their hands with the pain, confusion and paradoxes of sex? Probably, but who else is going to do it? Intimacy education is even harder to find than sexuality education. And at PPSB, they felt they had to face their frustrations about the sexuality education they were already doing. In spite of what they thought was pretty impressive experience, talent and creativity among the staff, and their comprehensive sexuality education approach (information, self-awareness, decision-making, assertiveness), they didn't always feel they were being effective; many students seemed overwhelmed with all the educators had to offer them, and positive attitude and behavior changes were negligible (as borne out by Kirby, 1984).

As an answer to their frustrations about sexuality education and PPSB's discoveries about love and intimacy, they felt they needed a teaching method that integrated sexuality and intimacy into a more holistic concept, that was more personal, that helped people with their pain and confusion about love, and that gave people hope for change.

The teaching model

What they developed was a program called *Intimacy is for Everyone*, based on the teaching method they developed in their book of the same title. It is a simple, behavioral, problem-solving model to be used in an educational setting; a type of approach that has typically been left to the domain of counseling and therapy. It presents a preventative, problem-solving possibility for intimacy that would, they hoped, help fill the gap that our culture has left for learning about love in a practical way.

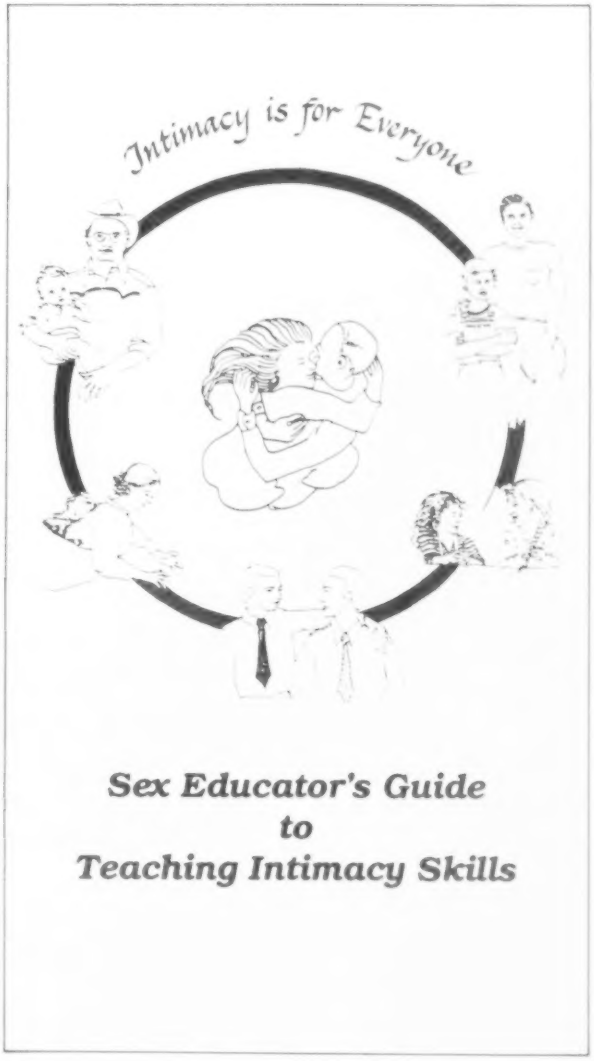
SOME LOVE STATISTICS

▶ There is a 300% increase in divorce since 1960. Two of three marriages in California and nearly half nationwide end in divorce. Love is *not* better the second time around; divorce among second marriages is nearly 70% (Blumstein and Schwartz, 1983).

▶ Love is the third leading risk factor implicated in major causes of death in America, primarily murder and suicide. Well over half of all murders involve love relationships; and the main impetus found in suicide is unrequited love (Peele, 1982). For teens, the suicide rate is 3 times higher than in 1965 and is now the leading cause of death after accidents.

▶ "Violence is as typical of family life as is love" (M. Straus, 1982). 6.5 million children are severely attacked by a parent every year; 240,000 children per year are sexually abused. One half of all wives will experience spouse-inflicted violence during their marriage. Family violence is the #1 health problem (U.S. Surgeon General).

▶ 35% of high school students and 25-60% of college students in various separate studies report varying levels of abuse in dating relationships. (Brockopp, 1983; Chrichton, 1982).



The program begins with the recognition of how a person feels about herself/himself as a woman man and how one's sense of their attractibility and lovability are the keys in determining whether or not that person can create and act on healthy, ethical, self-valuing decisions about sexuality and intimate relationships. With that as its foundation, the *Intimacy is for Everyone* model tries to aid people to understand the meaning of love for themselves by helping them explore 1) what and where they learned about sex and love, 2) how that learning translates into attitudes, beliefs and behavior that either "works" or creates problems in forming, developing and/or maintaining intimate relationships and by giving them, 3) strategies to challenge and change the beliefs and behaviors that don't work in their lives and replace these with others that work better.

Essentially, PPSB staff attempt to help people to make sense out of their pain around love and sex issues. This frees them to learn how to carry through with the changes that are necessary to develop healthy, loving relationships. Another goal is to help clients to avoid the common pitfalls of sex and love experimentation, notably unplanned pregnancy, date rape, sexually transmitted disease, and various forms of emotional abuse and trauma. PPSB believes that this pain, without intervention, inhibits us all from learning and/or doing good things for ourselves, and in fact supports us in doing some bad and crazy things.

In the last two years, PPSB has used this model with approximately 6000 people in a variety of educational settings from high schools to drug treatment facilities. With a course curriculum that ranges from 4 to 12 to 20 hours, they are working to incorporate parts of it in all of their education whether it's a one-time workshop or a weekly series of classes. PPSB generally charges $5 per session per person (the price of a movie), but will also negotiate fees to allow everyone to participate in intimacy education. Flexibility is the key for this program.

Evaluations suggest that they are making a dent in the stronghold the pain of love has on people's lives and that they are getting closer to helping people feel more intimate, a little more lovable, a little more attractive, and a little more deserving of relationships that "work." Comments like: "I was pleased to learn that I'm not alone with my fears and frustrations about love," "I was surprised that I am capable of taking risks and that it is possible to overcome fears about intimacy," and "I discovered that I am a pretty special person and that I have much to offer someone in many areas," help PPSB to overcome any reluctance they have to taking love out of its romantic vagueness for fear of ruining the joy and possibilities of love. They help us to remember the poignancy of those very simple questions about love and help us understand that answers are yet to come. ■

For more information contact Barbara Petrich, Director of Education at PPSB, 518 Garden Street, Santa Barbara, CA 93101. Petrich has an M.A. in Counseling and is an AASECT certified Sex Counselor with ten years of experience in the field.

Notes from our recent survey of PP affiliates

The PPFA Education Department mailed a 16-item survey to all affiliate educators and ESS subscribers in late November, 1984. Returns from seventy percent of those surveyed show the following results:

▶ Of the services provided by the department, the Emphasis Subscriber Service was ranked very useful by 85% of responding affiliates; Current Literature in Family Planning achieved a 77% response; Education Update, 66%; and National Family Sexuality Education Month materials were listed as very useful by 60%. Every affiliate reported using these publications.

▶ Over half of PPs use telephone technical assistance or requests to the LINK database for references on programs, curricula or pamphlets, and 25% ranked these clearinghouse services as very useful.

▶ Education workshops or sessions at regional and national meetings were ranked as very useful by over half of the participants.

▶ Within the ESS family of publications, LINKline is seen as most useful; *Emphasis* next, bibliographies and reference sheets ranked third and fourth, and white papers last. These publications are used for community education resources (70%), professional training (55%), workshop handouts (62%), in-service training (48%), development of local publications (37%), resale to other agencies and the public (26%), and fundraising (21%).

▶ The top ten topics for more information are: parents as sexuality educators, teenage pregnancy, professional training, advocacy for sexuality education in schools, teenage parenting, male involvement in family planning, religion and sexuality education, standards for programs, child sexual abuse, and peer education.

▶ Ninety-four percent of affiliate educators focus on community education, with major focus also going toward working with schools, acting as resource centers, and doing professional training. More than half do patient education and over a third do counseling. Almost half list media or public relations as an important component of their jobs, as well as work in publication or audiovisual development and advocacy.

▶ Educators wanted MORE TRAINING from national, including training for entry-level educators, and in management, marketing, publications development, library management and grant-writing.

In response, this Department will continue to focus energies on its publications and increase its commitment to training as well as provide national leadership for NFSEM.

Issues of the '80s

Published by Planned Parenthood® Federation of America Inc. 810 Seventh Avenue New York, New York 10019 212/541-7800
EMPHASIS SUBSCRIBER SERVICE Department of Education

Edited by Gloria Roberts

This bibliography is a publication of the Emphasis Subscriber Service (ESS) and is a companion piece to the Winter 1984 issue of Emphasis. Entries have been selected on "Issues of the '80s" from the holdings of the Katharine Dexter McCormick Library and the list is not intended to be all-encompassing. The issues included are: Intimacy; Child Sexual Abuse; Male Roles; Pre-Menstrual Syndrome; Infertility; Herpes and AIDS; Bioethics; The Changing Family; Latchkey Children; and Single Parents. Additional copies are available from the publisher at $3.25 each. ESS members receive throughout the year, a variety of materials, including Reference Sheets, White Papers, Emphasis (a periodical), Bibliographies, and LINK Line (a newsletter). For further information about ESS, please address inquires to: Emphasis Subscriber Service, Education Department, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019.

INTIMACY

THE COST OF LOVING: WOMEN AND THE NEW FEAR OF INTIMACY, Megan Marshall, New York: G.P. Putnam's Sons, 1984. 222 p. $14.95. 83-17795; ISBN 0-399-12859-X.
By interviewing women throughout the country, the author has uncovered the dilemmas of a generation of women who came of age in changing times, for whom the fear of intimacy has replaced the fear of success, and for whom the myth of sexual independence has caused a rift in male-female relationships. The true, practical meaning of the liberation movements of the sixties and seventies for women today is examined.

FOR EACH OTHER: SHARING SEXUAL INTIMACY, Lonnie Barbach. New York: Anchor/Doubleday, 1982. 305 p. $13.95. 81-43538; ISBN 0-385-17296-6.
A program which has been developed to help women deal with the physical and psychological aspects of a relationship is described. It provides advice and support for individuals experiencing sexual difficulties and dissatisfaction. Exercises for reducing anger, enhancing communication, increasing sensitivity, and establishing fulfilling lovemaking patterns are included.

GROWING INTO LOVE: TEENAGERS TALK CANDIDLY ABOUT SEX IN THE 1980s, Kathryn Waterson Burkhart. 336 p. $13.95. New York: G.P. Putnam's Sons, 1981. 81-5174; ISBN 0-399-12640-6.
In writing this book, the author spoke with over 250 teenagers, seeking their perspective on adolescent sexuality in general, as well as insight into their own personal feelings. The resulting text addresses the changing climate regarding sexuality in our country as well as our changing sex roles. Subsequent chapters of the book address concerns about physical changes, sexual desires, relationships, contraception and conception. The fact that comments from teenagers, as well as parents, educators, and health professionals, have been incorporated into this volume makes the text approachable and credible. The bibliography and index enhance the accessibility and usefulness of this volume.

INTIMACY

INTIMACY & DISABILITY, Institute for Information Studies. Falls Church, VA: Institute for Information Studies, 1982. 90 p. $6.00. 81-20315; ISBN 0-935294-17-1.
This book is a working guide for people with disabilities who want to develop and maintain intimate relationships. Many topics related to intimacy are explored including self-image, body image, sexuality, meeting prospective partners, developing intimate relationships, and exploring sexual options. The authors believe that while social values contribute greatly to the difficulties people with disabilities face in regard to intimacy, individuals can do much to help themselves. A list of resources for additional guidance is included.

INTIMACY IS FOR EVERYONE: SEX EDUCATOR'S GUIDE TO TEACHING INTIMACY SKILLS, Barbara Petrich and Bob McDermott. Santa Barbara, CA: Planned Parenthood of Santa Barbara County, 1982. 282 p. $20.00.
Based on the premise that intimacy should be utilized as a major conceptual tool within sexuality education, this manual explains the art of developing intimacy which is defined as loving and liking other people and one's self and forming friendships. Following the introductory section on intimacy, a curriculum for sexuality educators details the steps to be used to teach resistant clients. Suggestions are included for adjusting methods and content for juveniles and adults in correctional institutions.

LOVING EACH OTHER: THE CHALLENGE OF HUMAN RELATIONSHIPS, Leo Buscaglia. New York: Holt, Rinehart and Winston, 1984. 208 p. $13.95. 84-50590; ISBN 0-03-000083-1.
The intricacies and challenges of relationships are explored as the author points out the suspicious attitudes society has towards tenderness, compassion, and caring between human beings. The presented giving insight into aspects of communication, ehonesty, jealousy, tenderness, and forgiveness between husbands and wives as well as in the wider worlds of family, friends and acquaintances.

OUR SEXUALITY, second edition, Robert Crooks and Karla Baur. Menlo Park, CA: The Benjamin/Cummings Publishing Co., 1983. 664 p. $21.95 ($7.95, workbook). 82-17836; ISBN 0-8053-1914-X.
This textbook, with an accompanying workbook, is an updated edition of a comprehensive introduction to the biological, psychosocial, behavioral and cultural aspects of sexuality. In addition to the basic areas in the field, some topics included are gender identity and gender roles, methods of sex research, love and the development of relationships, communicating about sex, improving sexual satisfaction, sexuality throughout the life cycle, and cross-cultural variations in sexual expression.

SWEPT AWAY: WHY WOMEN FEAR THEIR OWN SEXUALITY, Carol Cassell. New York: Simon and Schuster, 1984. 206 p. $14.95. 84-1301; ISBN 0-671-45238-X.
Traditional female habits and attitudes regarding love and sex are examined and compared to those of men. The disparate male and female points of view contribute to the confusion women experience when they do not make a distinction between romance and sex and end up failing to take responsibility for their own sexuality.

CHILD SEXUAL ABUSE

A BETTER SAFE THAN SORRY BOOK, Sol and Judith Gordon. Fayetteville, NY: Ed-U Press, 1984. unp. $5.95. ISBN 0-934978-13-1.
Written mainly for children aged 3-9, this book is primarily intended to be read aloud by the parent. Both the text and illustrations are designed to help

children feel better about themselves. The authors provide essential information about sexual assault and encourage parents to respond to questions young children have about sexuality or to bring up the topic if their children haven't asked by the age of five. A parent's guide and a list of recommended books are included.

THE COMMON SECRET: SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS, Ruth S. and C. Henry Kempe. New York: W.H. Freeman and Co., 1984. 284 p. $12.96. 84-4093; ISBN 0-7167-1625-9.
Including statistics and case studies, mostly drawn from their own patient list, the authors examine the various forms of sexual child abuse from pedophilia and exhibitionism to rape and child pornography. Extrafamilial and intra-familial sexual abuse are explored as well as legal aspects, evaluation and treatment, after effects, prediction and prevention, and the vindication of the rights of children. An appendix includes educational materials on child sexual abuse including books, audiovisuals, materials for teachers, parents and lay people as well as the Incest Diversion Program which has successfully minimized the number of criminal filings on incestuous fathers in several states.

CONSPIRACY OF SILENCE: THE TRAUMA OF INCEST, Sandra Butler. San Francisco: New Guide Publications, 1978. 208 p. $10.00 78-1975; ISBN 0-912078-56-1.
Incest is surrounded by a shroud of silence and denial. Effective counseling must be made available to the victims of incestuous assault. The author considers society's attitudes about sex, the nuclear family, male/female role expectations, and the rights of children in an attempt to dispel the silence which is associated with incest. By discussing the many facets of the problem, it is hoped that victims will be able to acknowledge their experiences and overcome the traumas associated with incest.

"HE TOLD ME NOT TO TELL," King County Rape Relief. Renton, WA: King County Rape Relief, 1979. 28 p. $2.00.
Written as a guide for parents who find it difficult to talk about sexual assault, this booklet explains what the sexual assault of a child is and how to broach the subject to them. It aims at helping children protect themselves and what to do if you learn that your child has been assaulted. For those readers residing in the state of Washington, an appendix provides existing laws, rape and offender information.

I NEVER TOLD ANYONE: WRITINGS BY WOMEN SURVIVORS OF CHILD SEXUAL ABUSE, Ellen Bass and Louise Thornton. New York: Harper & Row, 1983. 278 p. $17.95. 82-48655; ISBN 0-06-015149-8.
This book contains first-person accounts of child sexual abuse presented by means of stories and poems by women of all ages and circumstances. These women tell of experiences ranging from the most subtle overtures to repeated abuse. Introduced by brief biographies, these pieces reflect a wide diversity of experience and response. A lengthy introductory essay that places child sexual abuse in a broad social context is included. The book concludes with a comprehensive listing of treatment and prevention programs and a bibliography of suggested reading and audiovisual materials.

NO IS NOT ENOUGH: HELPING TEENAGERS AVOID SEXUAL ASSAULT, Caren Adams et al. San Luis Obispo, CA: Impact Publishers, 1984. 177 p. $6.95. 84-20506; ISBN 0-915166-35-6.
This work answers the toughest questions about teenage sexual assault, acquaintance rape, and exploitation. Intended for parents to help in talking with teenagers about sexual assault, the book tells how parents can help protect teenagers from sexual assault and exploitation. Teens need enough information

to be able to recognize when situations are developing that might lead them to being exploited, abused, or pushed into sexual contact before they are ready. It is necessary to talk to sons as well as daughters and to focus on acquaintances as well as strangers. The authors also address attitudes which perpetuate sexual violence in our society.

SEXUAL ABUSE: INCEST VICTIMS AND THEIR FAMILIES, Jean Goodwin et al. Boston: John Wright/PSG, 1982. 209 p. $22.00. 81-16300; ISBN 0-7326-7012-9.
This book deals with the problem of incest -- intrafamilial sexual abuse. The first portion guides the reader through the first weeks of talking with a family after an incest accusation has been made. The second section deals with some of the late sequelae of the incest experience. The final chapters are devoted to the implications of research in sexual abuse.

SEXUAL ABUSE: LET'S TALK ABOUT IT, Margaret O. Hyde. Philadelphia: The Westminster Press, 1984. 93 p. $8.95. 83-27346; ISBN 0-664-32713-3.
A new awareness of sexual abuse of children as one of the major kinds of child abuse has led to an understanding that even young children can be taught to protect themselves from sexual assault. As part of a sensitive discussion of the problem of sexual abuse, this book provides information on protection, prevention, and treatment through many case studies. It shows how children and young adults can protect themselves, where to go for help, what kinds of help are available, and how to increase public awareness of the problem in their communities. The author's previous book on child abuse, Cry Softly! The Story of Child Abuse, discusses its history in England and America, ways to prevent and stop it, and how to report suspected cases.

TOP SECRET: SEXUAL ASSAULT INFORMATION FOR TEENAGERS ONLY, Jennifer J. Fay and Billie Jo Flerchinger. Renton, WA: King County Rape Relief, 1982. 32 p. $4.00.
This publication reveals stories of rapes, questions and answers about rape, the legal aspects and ways of handling situations of sexual assault. The informal style in which the information is presented -- letter writing, cartoon illustrations, hand-written memos interspersed throughout -- is particularly appealing to the teen audience for which it was intended.

MALE ROLES

BEING A MAN: THE PARADOX OF MASCULINITY, Donald H. Bell. Brattleboro, VT: The Lewis Publishing Co., 1982. 158 p. $12.95. 82-7196; ISBN 0-86616-013-2.
Based on interviews with over 100 men, this is an examination of the changing role of American men. In addition to narrative materials gathered from these interviews, consideration is given to the relationships between fathers and sons and between men and women. The areas of men working and the questions of the masculine role are discussed.

FATHER: THE FIGURE AND THE FORCE, Christopher P. Andersen. New York: Warner Books, 1983. 256 p. $15.00. 83-42691; ISBN 0-446-51256-7.
The author explores the role and the power of the family figurehead, the father. Emotionally alienated by society, the father experiences feelings of estrangement, pent-up anger and unrewarded love. Some topics explored are the inner conflicts resulting from the father-child bond, the psychological legacy bestowed on children by fathers, the role Father/Love plays in preparing children for adulthood, and what children want from this fundamental human relationship.

FATHERHOOD U.S.A.: THE FIRST NATIONAL GUIDE TO PROGRAMS, SERVICES, AND RESOURCES FOR AND ABOUT FATHERS, Debra G. Klinman and Rhiana Kohl. New York: Garland Publishing, Inc., 1984. 321 p. $14.95. 84-7986; ISBN 0-8240-9012-8.
In response to the escalating involvement of fathers in child care and parenting and the interest of fathers in an organizational rather than strictly personal commitment to parenting, The Fatherhood Project at Bank Street College of Education compiled this directory. It is a comprehensive resource list for topics including: fathers and their involvement with family health care, males in the educational setting; social and support service; family law; and the workplace. Books, newsletters and audiovisual materials are listed as well as a geographical listing by state of programs and organizations.

A MAN CAN BE..., Susan Kempler, Doreen Rappaport, and Michele Spirn. New York: Human Sciences Press, 1981. $9.95. 80-25356; ISBN 0-89885-046-0.
A story told through a simple text and photographs shows a variety of feelings and responses shared by a father and son as they spend a day together. The story attempts to reveal the changing roles of men. A book to be shared by parent and child or to be read alone by young readers.

MY FATHER, MY SON: INTIMATE RELATIONSHIPS, Lee Salk. New York: G.P. Putnam's Sons, 1982. 255 p. $13.95. 81-22717; ISBN 0-399-12636-8.
Focusing on the relationship between fathers and their sons, this volume draws upon interviews with parents and children in the U.S. including some well-known figures. It explores the dynamics of these relationships and what it is that both the father and the son would like from their relationship. The author found that younger fathers are confronting their sons with a more emotional component. Consistent themes emerged among many of the participants: the need for physical contact, for spending time together, and for discipline, which the subjects described as a sign of love. The on-going importance of the father-child role, beginning with infancy, is emphasized.

PREGNANT FATHERS, Jack Heinowitz. Englewood Cliffs, NJ: Prentice-Hall, 1982. 126 p. $5.95. 81-21147; ISBN 0-13-694927-4.
A guide to fatherhood which reflects the importance of this role model in child development. It shows how expectant and new fathers can become more meaningfully involved in pregnancy, childbirth, and child care. It includes information on changes in the adult relationship after a child is born and the complexities of parenting.

WHY CAN'T MEN OPEN UP? OVERCOMING MEN'S FEAR OF INTIMACY, Steven Naifeh and Gregory White Smith. New York: Clarkson N. Potter, Inc., 1984. 193 p. $12.95. 83-24466; ISBN 0-517-54996-4.
Drawing on real-life stories, studies by noted psychiatrists, and their own experiences, the authors discuss how our culture works against intimacy and promotes men's deep fear of dependence and self-disclosure. The first part of the book deals with why men fear the expression of feelings. Part Two tells women how they can break through to a man and how a man can gain understanding and can change.

PRE-MENSTRUAL SYNDROME

FREEDOM FROM MENSTRUAL CRAMPS, Kathryn Schrotenboer and Genell J. Subak-Sharpe. New York: Pocket Books, 1981. 171 p. $2.95. ISBN 0-671-43714-3.
An introduction to the treatments available to eliminate or greatly reduce the pain experienced by some women during menstruation. By treating menstrual cramps as a common medical problem with an organic basis, this book dispels myths often associated with menstruation. Topics covered include premenstrual tension, irregularity, IUDs, the Pill, infertility, toxic shock syndrome, menopause, and the importance of diet.

PMS

HOW TO RELIEVE CRAMPS AND OTHER MENSTRUAL PROBLEMS, Marcia Storch with Carrie Carmichael. New York: Workman Publishing, 1982. 131 p. $3.95. 81-40508; ISBN 0-89480-191-0.
This is a plain-language guide to menstrual problems for women of all ages. Acknowledging the very real discomforts and psychological aspects of menstruation, premenstrual syndrome, etc., this is an attempt to dispel myths surrounding menstruation and explain the processes of menstruation. Addressed in this easy-to-read book are the historical roots of our attitudes towards menstruation; how the menstrual cycle works, what causes the cycle to change, and what happens to menopause; causes of cramps and how they can be treated; premenstrual syndrome and the medications often prescribed for sufferers. Included in this book is a series of 29 exercises designed to relieve menstrual and PMS discomfort. A final section attempts to answer questions frequently posed by women which may not be addressed elsewhere regarding menstruation, PMS, toxic shock syndrome, and menopause.

LIFTING THE CURSE OF MENSTRUATION: A FEMINIST APPRAISAL OF THE INFLUENCE OF MENSTRUATION ON WOMEN'S LIVES, Sharon Golub, ed. New York: The Haworth Press, 1983. 156 p. $19.95. 83-12723; ISBN 0-86656-242-7.
This collection of papers on the subject of menstruation presents a current view of menstruation from a feminist perspective with some suggestions for future research. Some topics included are: menarche, menstrual health products, practices, and problems; and effect of menstruation on cognitive competence and psychophysiological response; dysmenorrhea; premenstrual syndrome; and menopause. An attempt is made to dispel myths that discredit women's ability to function during menstruation and to provide information that will be helpful to health care professionals.

THE MENSTRUAL CYCLE, VOLUME 1, Alice J. Dan, et al., eds. New York: Spring Publishing Co., 1980. 359 p. $28.00 80-18837; ISBN 0-8261-2630-8.
An outgrowth of the 1st and 2nd Menstrual Cycle Research Conferences, this volume is a synthesis of interdisciplinary research. Contributed chapters include information of psychological and psychosocial patterns, women's health, menopause, menarche, and methodological considerations in the research.

PREMENSTRUAL TENSION: A MULTIDISCIPLINARY APPROACH, Charles H. Debrovner, ed. New York: Human Sciences Press, 1982. 111 p. $19.95. 81-6659; ISBN 0-89885-019-3.
PMS is dealt with by representatives of four different disciplines: the gynecologist's approach, the endocrinologist's approach, the psychiatrist's approach, and the nutritionist's approach. The editor comments at the conclusion of each section and includes a final chapter on the effect of placebos in the treatment of premenstrual tension.

THE REAL MENSTRUAL CYCLE, Doreen Asso. New York: John Wiley & Sons, 1983. 214 p. $39.95. 83-5890; ISBN 0-471-90043-5.
This book emphasizes the whole menstrual cycle as opposed to focusing attention only on the four to five days before the onset of bleeding. The author presents a view of the whole cycle which encompasses continual change in feelings, mood and behavior, as well as in hormonal levels and in the reproductive organs.

SELF-HELP FOR PREMENSTRUAL SYNDROME, Michelle Harrison. Cambridge, MA: Matrix Press, 1984. Revised edition. 55 p. $6.00. ISBN 0-9610964-0-3.
This manual is designed to enable women to help themselves when the symptoms of PMS occur. After an introductory description of PMS, symptoms are listed and commented upon. Premenstrual magnification, causes, and diagnosis are included. An important part of this work, written by a physician, concerns treatment which

commented upon. Premenstrual magnification, causes, and diagnosis are included. PMS
An important part of this work, written by a physician, concerns treatment which includes diet, exercise, vitamins and minerals, potassium, progesterone, drugs, diuretics, acapuncture, stress reduction, psychotherapy and peer support. Appended are blank chart sheets to facilitate the self-help program.

INFERTILITY

COPING WITH INFERTILITY, Judith A. Stigger. Minneapolis: Augsburg, 1983. 110 p. $4.95. 82-072649; ISBN 0-8066-1956-2.
Aimed at infertile or possibly infertile couples, their friends and families, counselors and clergy, and the physicians who treat infertility, this book deals with the emotional stages of infertility. It covers the medical facts of infertility, the options available to infertile couples, factors that affect healing, and the effect infertility has on a person's relationship with God.

DEVELOPMENTS IN INFERTILITY PRACTICE, Clinics in Obstetrics and Gynecology. Michael G.R. Hull, guest editor. Philadelphia: W.B. Saunders Co. Volume 8, No. 3, December 1981. $20.00 per single issue.
The papers included in this volume cover many of the recent trends in the area of infertility medicine and surgery. Consideration of fertility and infertility statistics is provided. Topics covered include: male reproductive endocrinology; seminal analysis; sperm-mucous interaction and artificial insemination; immunology of infertility; endometriosis; progress in tubal surgery. A comprehensive overview of infertility.

GETTING PREGNANT IN THE 1980s, Robert H. Glass and Ronald J. Ericsson. Berkeley: University of California Press, 1982. 164 p. $10.95. 82-11074; ISBN 0-520-04828-8.
Critical evaluations of the latest advances in many areas, including sex preselection and in vitro fertilization are provided in this volume. The authors represent two distinct disciplines -- a physician specializing in infertility and a research scientist who has developed and patented a method for sex preselection. Topics covered include: sex preselection; infertility; miscarriage; pregnancy after age 35; tubal surgery and ectopic pregnancy; in vitro fertilization; surrogate motherhood; drugs and pregnancy.

HOW TO GET PREGNANT, Sherman Silber. New York: Scribner's Sons, 1980. 229 p. $12.50. 79-27502; ISBN 0-684-16508-2.
To provide an in-depth understanding of fertility, Dr. Silber explains fully and simply, with clear illustrations, the normal functioning of the male and female reproductive systems, explores the malfunctions that can result in infertility, presents case histories and answers the most frequently asked questions. Discussion of current fertility research and a chapter on birth control and sterilization are also included. Charts, diagrams and a name and subject index are provided.

MALE INFERTILITY, T.B. Hargreave. New York: Springer-Verlag, 1983. 326 p. $48.00. 83-4703; ISBN 0-387-12055-6.
This book is intended to help the clinician in dealing with the infertile couple with an emphasis on the male factors. The book is divided into two parts. The first is concerned with basic biological problems and investigations with a full evaluation of current knowledge and methods. This section also presents new techniques. In the second part, the author and practicing infertility clinicians present specific problems in which management and prognosis are discussed.

INFERTILITY

MALE REPRODUCTION AND FERTILITY, Andres Negro-Vilar. New York: Raven Press, 1983. 390 p. $80.50. 81-40374; ISBN 0-89004-746-4.
Reflecting the multidisciplinary nature of current research, this volume examines the biochemical and patho-physiological mechanisms affecting male reproduction and outlines new methods of diagnosis and treatment. Topics included are: endocrine-related problems, male neuroendocrinology, the nature and role of inhibin in reproductive processes, the use of luteinizing hormone-releasing hormone analogs as a therapeutic tool, and specific endocrine-related events which occur in puberty and senescence. Another section deals with biochemistry of the prostate gland and the diagnosis and treatment of male infertility. The book provides current findings as well as background materials.

MARRIAGE WITHOUT CHILDREN, Diana Burgwyn. New York: Harper & Row, 1981. 234 p. $12.50. 80-8197; ISBN 0-06-014882-9.
An examination of childless marriages -- both the strengths and weaknesses -- throughout a couple's lifetime. Interviews with a variety of couples present a panorama of views about nonparenthood. One factor which surfaces through the interviews and a review of the literature is that what matters is what one does with the situation if the decision to remain childless is made. An historical perspective to the parenting question is provided. Attention is also given to those who are not childless by choice, but cannot have children due to infertility.

MODERN TRENDS IN INFERTILITY AND CONCEPTION CONTROL, Volume 2, Edward E. Wallach and Roger D. Kempers. Philadelphia: Harper & Row, Publishers, 1982. 477 p. $32.50. 78-27202; ISBN 0-06-142605-9.
This volume provides an update of contemporary basic and clinical investigations, emphasizing the relationships of clinical endocrinology to physiology, genetics, biochemistry and immunology. It is broadly divided by subject -- reproductive endocrinology, pharmacologic agents in infertility therapy, diagnostic procedures in infertility, surgical procedures for correcting infertility in the female, pregnancy and pregnancy outcome in infertile couples, male infertility, contraception and sterilization, psychological aspects of infertility. Within each of these subject area, various specialists have written chapters on more finite aspects of the overall topic.

NEW CONCEPTIONS: A CONSUMER'S GUIDE TO THE NEWEST INFERTILITY TREATMENTS, INCLUDING IN VITRO FERTILIZATION, ARTIFICIAL INSEMINATION, AND SURROGATE MOTHERHOOD, Lori B. Andrews. New York: St. Martin's Press, 1984. 326 p. $14.95. 83-21202; ISBN 0-312-56610-7.
An objective evaluation of all the newest infertility treatments, this work describes the medical, legal, emotional, and financial considerations in using the new reproductive technologies.

HERPES AND AIDS

THE AIDS EPIDEMIC, Kevin M. Cahill, ed. New York: St. Martin's Press, 1983. 173 p. $7.95. 83-10909; ISBN 0-312-01499-6 (pbk.)
Leading experts in relevant fields discuss what is currently known about one of the most devastating and confusing epidemics in modern American medical history. Topics that are explored are epidemiology, the clinical picture including viral, bacterial and parasitic infections as well as Kaposi's sarcoma, and implications of the disease. The significance of AIDS for blood banks, the protection of health personnel who interact with AIDS patients, the search for the cause, and the public response are discussed. Regarding the future, it seems clear that the scope and complexity of AIDS demands an active involvement by the federal government in the search for a solution to the crisis.

HEALTHY SEX AND KEEPING IT THAT WAY, Richard Lumiere and Stephani Cook. New York: Simon and Schuster, 1983. 206 p. $5.95 (paper) $13.95 (cloth). 83-60640; ISBN 0-671-45899-X.
Written in language everybody can understand, this is a comprehensive guide to sexually transmitted diseases. It is organized for easy reference with a wealth of charts and illustrations. The first part gives an overview of male and female anatomy, a glossary of terms, and symptom charts for males and females. Part two is a guide to sexual infections giving the symptoms, diagnosis, treatment, and special considerations such as contagion and prevention. Finally a section on sexual health for women, men, gay men and teenagers summarizes the symptoms and treatments for all types of sexual infections. Of particular interest is the section on AIDS and on infectious hepatitis.

THE HERPES BOOK, Richard Hamilton. Los Angeles: J.P. Tarcher, 1980. 206 p. $4.95. 81-51108; ISBN 0-87477-194-3.
Designed to demystify the information surrounding herpes, this volume undertakes the task of providing material for the layperson who wishes to understand what is going on. It will inform the concerned individual about how to cope with the virus, how to prevent or minimize its possible complications, and how to discern what is important to know from other sources. (Information regarding treatment for herpes may be somewhat dated due to recent drug availability.)

HERPES: CAUSE AND CONTROL, William H. Wickett, Jr. New York: Pinnacle Books, 1982. 234 p. $3.50. ISBN 0-523-41804-3.
The magnitude of the herpes problem prompted the development of this guide for laypersons, physicians and other health professionals. It is meant to answer many of the common questions and concerns of individuals who have the virus and those who work with victims: why a particular individual contracts the virus; what is herpes (including a discussion of fever blisters, canker sores, keratitis, herpes of the skin, herpes genitalis, etc.); what a trigger is; similar diseases; immune response; diagnosis and treatment complications; and many other related topics. The author has worked extensively with victims of herpes and tries to bring that experience to his writing.

HERPES: A COMPLETE GUIDE TO RELIEF AND REASSURANCE, Frank Freudberg with E. Stephen Emanuel. Philadelphia: Running Press, 1982. 159 p. $6.95. 82-13303; ISBN 0-89471-188-1. (Hardcover edition, $12.95; ISBN 0-89471-187-3.)
A presentation of the latest treatments and therapies available for herpes is included in this guide, along with interviews with medical experts in the field, case histories of men and women coping successfully with herpes, and sources of help. A bibliography of suggested readings and a glossary of helpful terms are also included. A preliminary chapter provides an overview of the herpes simplex virus and its epidemiology. Successive chapters cover the psychological dimensions, complications and how to avoid them, and ways of curtailing the spread of herpes.

BIOETHICS

THE ARTIFICIAL FAMILY: A CONSIDERATION OF ARTIFICIAL INSEMINATION BY DONOR, R. Snowden and G.D. Mitchell. Boston: George Allen & Unwin, 1981. 138 p. $14.95. 80-41984; ISBN 0-04-176001-8.
An exploration of the real experiences of artificial insemination by donor (AID) as seen through information relating to more than 1000 cases where AID was requested, and which resulted in the birth of over 400 AID babies. Insight into the social aspects of this procedure is provided. It considers the role of the couple, the donor and the AID specialist. Also examined are the interests of the child and the effects on the wider family, particularly grandparents and in-laws. The issue of secrecy and the present legal situation are also explored.

BIOETHICS

The question of AID provision to individuals and couples who do not constitute a 'normal' family and the commercialization of AID through sperm banks and home AID kits are reviewed.

ARTIFICIAL REPRODUCTION: A SOCIAL INVESTIGATION, R. Snowden et al. London: George Allen & Unwin, 1983. 188 p. $14.95. 83-11809; ISBN 0-04-176003-4.
The research for this book has concentrated on the most common form of artificial reproduction, artificial insemination by donor semen (AID) but consideration has also extended to the social issues surrounding other forms of artificial reproduction. The findings are the result of in-depth interviews with couples who are the parents of one or more AID children. The authors also interviewed a small number of young adults who were conceived by AID, semen donors and AID practitioners. The book describes the experience of AID parenthood and explores the need which most couples feel to keep AID a secret. It discusses the reasons why most couples do not intend to tell their child of his or her AID origins and examines the experience of older couples who did tell their children when they were grown up. Finally, the book offers recommendations of the regulation of artificial reproduction provision.

BIOMEDICAL ETHICS REVIEWS, 1983, James M. Humber and Robert F. Almeder, eds. Clifton, NJ: Humana Press, 1983. 209 p. $24.50. 83-74; ISBN 0-89603-041-5.
This book is the first volume of a new series on the subject of contemporary bioethics. The authors deal with five main topics, each of which is presented by two papers, often with opposing points of view. The main subjects are euthanasia, surrogate gestation, the distribution of health care, the involuntary commitment and treatment of mentally ill persons and patenting new life forms.

BIRTH AND DEATH: BIOETHICAL DECISION-MAKING, Paul D. Simmons. Philadelphia: The Westminster Press, 1983. 270 p. $13.95. 82-20160; ISBN 0-664-24463-7 (pbk.).
Drawing upon historical and contemporary resources in religion, philosophy, law and ethics, the most critical ethical dilemmas of our time are investigated. The author examines abortion, euthanasia and genetic engineering, providing the connection between biblical concepts, science and modern medicine. He discusses the current debate on evolution versus creationism, dispelling the belief that there is a dichotomy between the Bible and science. The issues in this book are dealt with in the light of biblical revelation of God's purpose.

CASES IN BIOETHICS, Carol Levine and Robert M. Veatch. Revised edition. Hastings-on-Hudson, NY: The Hastings Center, 1984. 127 p. $9.95. 84-6637; ISBN 0-916558-18-5.
These case studies on ethical theory and practical problems of ethical decision making originally appeared in the Hastings Center Report. The case have been organized into the following broad and sometimes overlapping categories: issue in reproduction; patient-physician relationships; mental health and medical interventions; death and dying; human subjects research; allocation of scarce resources; public policy.

ETHICAL ISSUES IN SEXUALITY AND REPRODUCTION, Margot Joan Fromer. St. Louis, The C.V. Mosby Co., 1983. 375 p. $13.95. 82-14460; ISBN 0-8016-1708-1.
An attempt is made to demonstrate clear methods of examination and analysis of questions and issues concerning bioethical considerations of sexuality and reproduction. Beginning with a discussion of ethical theory, the author deals with the issues of sexual ethics, homosexuality, contraception, population ethics, abortion, genetics, reproductive technology, fetal research and handicapped infants.

FERTILIZATION AND EMBRYONIC DEVELOPMENT IN VITRO, Luigi Mastroianni, Jr. and John D. Biggers, eds. New York: Plenum Press, 1981. 371 p. $45.00. 81-13829; ISBN 0-306-40783-3.
An overview of all aspects of the rapidly growing field of in vitro fertilization, embryo culture and embryo transfer. These techniques have applications in many areas, and have been the subject of much debate. The discussion begins with a prefatory account of the history of mammalian embryonic transfer, ranging over such other topics as: the collection of ova for in vitro fertilization; the mechanics of fertilization; cultures of zygotes and embryos, and their criteria for success. This is a state-of-the-art review, compiled by experienced reseachers and clinicians in reproduction, obstetrics/gynecology, developmental biology, and animal husbandry.

FROM CHANCE TO PURPOSE: AN APPRAISAL OF EXTERNAL HUMAN FERTILIZATION, Clifford Grobstein. Reading, MA: Addison-Wesley, 1981. 207 p. $17.50. 81-1918; ISBN 0-201-04585-0.
This is a summation of the background of the achievement of external, in vitro fertilization, the nature of the procedures used, and the broad implications for the human future. Public policy issues are stressed, as are political considerations. Biotechnology, future uses of in vitro fertilization, the issues, options and decisions involved are all explored. Each section has a general reference section appended. Detailed data and backup information are provided.

GENETICS AND THE LAW II, Aubrey Milunsky and George J. Annas, eds. New York: Plenum Press, 1980. 480 p. $29.50. 80-16179; ISBN 0-306-40388-9.
With recent advances in medical genetics, many issues have been raised that present legal, ethical and moral questions. These dilemmas are addressed in this volume by scholars in the fields of science, medicine, law and ethics, and include examination of such topics as: government control and regulation of science; genetic counseling and screening; prenatal diagnosis of genetic disorders; disclosure and consent; artificial insemination; mentally handicapped and their rights; in vitro fertilization; law, abortion and fetal rights; sex selection; eugenics; and other related topics. An extensive bibliography is appended.

HEALTH AND HUMAN VALUES: A GUIDE TO MAKING YOUR OWN DECISIONS, Frank Harron, John Burnside and Tom Beauchamp. New Haven: Yale University Press, 1983. 194 p. $6.95. 82-13394; ISBN 0-300-03026-6. (Hardcover edition, $24.95; ISBN 0-300-02898-9.)
Ethical and moral issues confronting those in the health professions are presented in this volume. Each issue -- euthanasia, abortion, in vitro fertilization, informed consent, genetic engineering, etc. -- is explored in light of case studies and the particular complexities of each case or issue. Excerpts from various written sources are used to supplement the text.

PRINCIPLES OF BIOMEDICAL ETHICS, Tom L. Beauchamp and James F. Childress. New York: Oxford University Press, 1979. 78-15638; ISBN 0-19-502488-5.
A systematic analysis of the moral principles that should apply to biomedicine. A holistic approach, the questions of morality and ethical theory; utilitarian and deontological theories; the principles of autonomy, nonmaleficience, beneficience, and justice; the professional/patient relationship; and ideals, virtues, and integrity are all examined.

REPRODUCTIVE ETHICS, Michael D. Bayles. Englewood Cliffs, NJ: Prentice-Hall, 1984. 141 p. $9.95. 83-17752; ISBN 0-773904-4.
Part of a series in the Philosophy of Medicine, this volume is designed to bring the issues of reproductive ethics to the average, intelligent and inquiring

reader. By the presentation of cases, some real and some fictional, the morality of human reproduction is considered in light of the changes and discoveries that have come about recently. The following topics are included: contraception and conception, genetic choice, abortion, childbirth, defective newborns, and the reproductive technology of the future.

SELECTIVE NONTREATMENT OF HANDICAPPED NEWBORNS: MORAL DILEMMAS IN NEONATAL MEDICINE, Robert F. Weir. New York: Oxford University Press, 1984. 292 p. $27.95. 83-19376; ISBN 0-19-503396-5.
The controversy over the selective nontreatment of severely handicapped newborns is explored. The question of whether severely handicapped life is always to be chosen instead of death or whether severely handicapped life is sometimes worse than death is posed. The diverse points of view of professionals from different disciplines are discussed as well as the complications generated by the wide publicity surrounding some recent cases. The author proposes ethical and clinical criteria to be used by those who must decide for or against treatment.

SUMMING UP: FINAL REPORT ON STUDIES OF THE ETHICAL AND LEGAL PROBLEMS IN MEDICINE AND BIOMEDICAL AND BEHAVIORAL RESEARCH, President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. Washington, DC: U.S. Government Printing Office, 1983. 137 p. $5.50.
This book provides an overview of the Commission's work. Some of the issues covered are: when, if ever, should life-sustaining treatment be foregone? Who should bear the costs of injuries to human subjects in research. Should society ensure that everyone gets health care and, if so, how much? Should physicians tell their patients the truth about their condition? What should be done about attempts to remake human genes? In this report, each project is reviewed along with the current status of the recommendations made.

THE SURROGATE MOTHER, Noel P. Keane and Dennis L. Breo. New York: Everest House, 1981. 357 p. $14.95. 81-5495; ISBN 0-89696-113-3.
An in-depth consideration of the legal, medical, and religious perspectives on the issue of surrogate mothering is presented in this volume. In addition to these viewpoints, a description of people who seek a child through this means is provided. The authors discuss the varying motives of the adoptive couples and their surrogates, the problems -- legal and others -- that may be encountered along the way, and how these problems may be handled. Questions which may arise are also addressed, offering practical suggestions for answering many of them.

THE CHANGING FAMILY

AMERICAN COUPLES: MONEY, WORK SEX, Philip Blumstein and Pepper Schwartz. New York: William Morrow and Co., 1983. 656 p. $19.95. 83-62066; ISBN 0-688-03772-0.
This work presents the findings of a team of sociologists which delved into the private lives of more than 6,000 ordinary American couples in every region of the country. Married, living together and homosexual couples took part in extensive interviews and/or completed lengthy and in-depth questionnaires. The book is organized according to the themes of money, work and sex, considered to be the dominant forces that shape all couples' relationships. Each section contains a two-year follow-up report on couples who stayed together.

BROKEN PROMISES: HOW AMERICANS FAIL THEIR CHILDREN, W. Norton Grubb and Marvin Lazerson. New York: Basic Books, 1982. 358 p. $20.75. 81-68793; ISBN 0-465-00774-0. An analysis of the attitudes toward children, public education, welfare and family policy as found in American culture. The authors try to show how public obligations have been comprised throughout history, ultimately

leading to inadequate and inconsistent government programs. New principles to reconstruct the state's relationship to children and families are proposed.

CHILD CARE AND THE WORKING PARENT: FIRST STEPS TOWARD EMPLOYER INVOLVEMENT IN CHILD CARE, Barbara Adolf and Karol Rose. New York: Children at Work, 1982. 149 p. $15.00. 82-90857.
This workbook is intended for individual employees and human-resource and industrial-relations personnel to help them to respond to the specific needs of parents in a given company. Each section provides information and worksheets about a specific phase of employer involvement and includes information about what quality child care is and how to recognize it.

DIVORCING, BELIEVING, BELONGING, James J. Young. Ramsey, NY: Paulist Press, 1984. 225 p. $6.95. 84-80359; ISBN 0-8091-2634-6.
Based on the author's ten years in ministry with divorced and separated Catholics, this collection of original essays or meditations is directed toward individuals involved in divorce or its aftermath and for members of support groups. The book's first section contains thoughts about many of the emotions surrounding divorce -- rejection, resentment, blame, loneliness. The second group of essays speak about divorce as an opportunity for new growth and faith. Stories of many men and women are used to illustrate the emotional crises involved in divorce and the essays further show how the church encourages the development of "a viable single life" after divorce and how it is also moving ahead in the area of second marriage preparation programs.

EMPLOYER-SUPPORTED CHILD CARE: INVESTING IN HUMAN RESOURCES by Sandra L. Burud, Pamela R. Aschbacher and Jacquelyn McCroskey. Boston: Auburn House, 1984. 362 p. $15.00. 83-22365; ISBN 0-86569-122-3.
The National Employer Supported Child Care Project was initiated in response to growing interest among employers concerning how child care might benefit both them and their employees. Based on the actual experiences of 415 firms with child care programs, this project was designed to help employers explore whether child care might make sense for their companies and, if so, what options might be most appropriate. This manual is designed to guide employers from the initial stages of investigating child care to the actual establishment of programs.

FAMILIES THAT WORK: CHILDREN IN A CHANGING WORLD, Sheila B. Kamerman and Cheryl D. Hayes, eds. Washington, DC: National Academy Press, 1982. 341 p. $15.95. 82-81829; ISBN 0-309-03282-2.
The essays in this volume explore the changing American family -- more than half of all children in the U.S. have mothers who work outside the home. Nearly three-quarters of employed mothers work full time. These trends have significant implications for the education, social, and behavioral development of children. This volume will be of interest to parents, educators, social and behavioral scientists, and social workers.

THE FAMILY AND PUBLIC POLICY: THE ISSUE OF THE 1980s, John J. Dempsey. Baltimore, MD: Paul H. Brookes Publishing Co., 1981. 180 p. $16.95. 81-1740; ISBN 0-933716-15-x.
A multidisciplinary approach to the emergence of the family as a concern of public policy. The author, a policy analyst in the Department of Health and Human Services, addresses a multi-faceted issue in a critical manner. Coverage includes evaluation of abortion, disability, energy, and public forums in which issues regarding the family have been debated (the Senate, White House Conferences). In an historical context, this is an examination and consideration of the many aspects of family and public policy, providing an introduction to this area of concern.

FAMILY POLITICS: LOVE AND POWER ON AN INTIMATE FRONTIER, Letty Cottin Pogrebin. New York: McGraw-Hill Book Company, 1983. 278 p. $14.95. 83-9818; ISBN 0-07-050386-9.
The nature of the family and its place in society today are explored by means of personal experience and theoretical analysis. The author deals with the ways in which society glorifies and undermines the family, America's ambivalence toward children, the government's hidden bias against families, the new meaning of motherhood and fatherhood, and the politics of pregnancy, abortion and housework.

FAMILY RELATIONSHIPS: REWARDS AND COSTS, F. Ivan Nye, ed. Beverly Hills, CA: Sage Publications, 1982. 264 p. $9.95. 81-18515; ISBN 0-8039-1771-6.
This volume is based on the premise that basic concepts of rewards, costs, and other general concepts and propositions which underly these theories can be applied to the family. The various essays explore: "Ambivalence in the family: rewards and costs in group membership"; "Marital quality, marital stability, and social exchange;" "role competence and marital satisfaction;" value of children; family policy research; and other areas of interest.

FAMILY STUDIES REVIEW YEARBOOK, Volume 1, David H. Olson and Brent C. Miller, eds. Beverly Hills CA: Sage Publications, 1983. 768 p. $37.50. ISBN 0-8039-1924-7. The 53 articles included in this work provide a well-balanced picture of ten important topic areas in the family field. These areas are among the most visible, applied and sometimes controversial issues facing marriages and families today. The ten topic areas include the following: family policy, family stress and coping, divorce and child custody, marital and family violence, alcoholism and drug abuse, work and the family, family economics, marital enrichment and premarital preparation, marital therapy, and family therapy. Future volumes will provide reviews of other content areas, with each volume providing a variety of timely and significant topics.

GROWING UP FREE: RAISING YOUR CHILD IN THE 80's, Letty Cottin Pogrebin. New York: Bantam Books, 1980. 641 p. $8.95. 81-4508; ISBN 0-553-01340-8.
Addressing the challenges of this decade, this book focuses on the question of non-sexist childrearing and the positive implications it holds for the future. The process of nonsexist parenting begins before the child is born and continues throughout the family's lifetime. The advice in the book has been described as enabling parents to help their children to achieve their full potential, expand their options, and explore their individuality, free from preconceived notions of what a boy or girl should be or do. It is designed to help couples create a role-free family situation; develop the nurturing father, and sibling relations; deal with family fights; and the need for privacy; etc. It examines the question of what happens to sex without sex roles and handling sexism which does exist outside of the family situation. An important book for parents seeking to eliminate sex-role stereotypes.

MOTHERS ARE PEOPLE TOO: A CONTEMPORARY ANALYSIS OF MOTHERHOOD, Anita Spencer. New York: Paulist Press, 1984. 108 p. $5.95. 83-62946; ISBN 0-8091-2616-8.
Coordinator and counselor for the Displaced Homemakers Program in San Jose, California, the author has written a perceptive and readable book which discusses the roots of traditional motherhood and proposes practical, workable methods for change and growth. She explores the conflicts that arise as women today attempt to move beyond the limitations of the role of motherhood and develop autonomy. The author presents an argument in favor of sharing motherhood with men. As co-parenting becomes the norm, there will be a decline in sexual stereotyping.

THE NATION'S FAMILIES, 1960-1990, George Masnick and Mary Jo Bane. Boston: Auburn House, 1980. 175 p. $19.95. 80-20531; ISBN 0-86569-050-2.
A description of trends in American life that indicate dramatic societal changes in household composition, family structure, and women's working patterns. Such trends, which have and will continue to have a profound impact on American society and public policy planning, are analyzed and their implications for the future of American life discussed.

NONTRADITIONAL FAMILIES: PARENTING AND CHILD DEVELOPMENT, Michael E. Lamb, ed. Hillsdale, NJ: Lawrence Erlbaum Associates, 1982. 364 p. $29.95. 82-1474; ISBN 0-89859-178-3.
An overview of various nontraditional family lifestyles and parenting situations, such as the two-provider family, maternal employment, shared-caregiving families, fathers who are primary caregivers or share parenting responsibilities. The author of each section discusses the impact of these variations on child development.

PARENTS AND CHILDREN: THE ETHICS OF THE FAMILY, Jeffrey Blustein. New York: Oxford University Press, 1982. 274 p. $19.95. 81-16921; ISBN 0-19-503072-9.
A consideration of the status of the family in contemporary thought and society, this volume approaches the topic from several vantage points. The first section surveys a number of important contributions to philosophy of the family, providing historical background and perspective. The nature of parenthood, rights and responsibilities of parents, duties and virtues of children are all considered. Part II presents a moral theory of parenthood, focusing on the interests of children and the responsibility of parents to promote such interests. Part III examines some factors to be considered in making policy decisions with respect to justice for children and marriage.

PREGNANCY & WORK, Jean Grasso Fitzpatrick. New York: Avon Books, 1984. 239 p. $7.95. 84-45255; ISBN 0-380-88666-9.
The author shares her experiences and those of women across the country in order to help women face the problems, fears, questions, challenges and rewards of combining a career with pregnancy, childbirth, and motherhood. Insights are given regarding the effect that pregnancy has on one's professional image, financial matters, safety of the workplace for a pregnant woman and fetus, coping with pregnancy-related sickness on the job, developing a support system and many other topics related to all phases of pregnancy, childbirth and baby care, especially as they relate to working women.

REMARRIAGE: A REVIEW AND ANNOTATED BIBLIOGRAPHY, Benjamin Schlesinger. Chicago, IL: CPL Bibliographies, 1983. 69 p. $12.00. 83-7596; ISBN 0-86602-115-9. (CPL Bibliography No. 115)
This fully annotated bibliography covers many of the topics which are affected by remarriage including adjustment, children, counseling, divorce, education, homosexuality, mate selection, myths, older persons, religion, single persons, step families, therapy and widowed individuals. This listing should prove useful to those studying the phenomenon of remarriage and its current state in the social makeup of the United States and Canada especially.

THE STRESS-PROOF CHILD: A LOVING PARENT'S GUIDE, Antoinette Saunders and Bonnie Remsberg. New York: Holt, Rinehart and Winston, 1985. 228 p. $14.95. 84-9041; ISBN 0-03-069656-9.
This guide, written by a child psychologist and a journalist who has many years of experience writing for parents and children, tells parents how to recognize symptoms of stress in their children and what specific steps they can take to deal with them. It also explains how to teach children to cope with stress, how to value themselves, and how to become "Capable Kids." Educators and pediatricians as well as concerned parents will find this book useful.

TWO PAYCHECKS: LIFE IN DUAL-EARNER FAMILIES, Joan Aldous, ed. Beverly Hills, CA: Sage Publications, 1982. 248 p. $10.95. 82-10538; ISBN 0-8039-1883-6.
This is an in-depth examination of dual-career couples which attempts to show how the traditional family model no longer meets the needs of couples in the 1980s. The contributors discuss the historical development of the dual-career couple, marriage and family issues, and career concerns. A research agenda for studying the dual-career family is set out in a concluding chapter.

WHAT'S HAPPENING TO THE AMERICAN FAMILY? Sar A. Levitan and Richard S. Belous. Baltimore: The Johns Hopkins University Press, 1981. 206 p. $5.95. 81-47592; ISBN 0-818-2691-8.
The American family is in a state of evolution; there is a high degree of pluralism in the structure of American households. Along with these ongoing changes, there is also a series of problems--although not necessarily destructive or insoluble. The needs, problems, implications, and roles of various institutions involved in this dynamic situation are reviewed. Alternatives and possibilities for the future are proposed.

THE WOMAN PATIENT, Volume 2: CONCEPTS OF FEMININITY AND THE LIFE CYCLE, Carol C. Nadelson and Malkah T. Notman, eds. New York: Plenum Press, 1982. 206 p. $19.50. 82-5326; ISBN 0-306-40846-5.
The various aspects of the mental health of women and the complex psychosocial factors that affect perceptions of how health and illness are defined and experienced are explored in this volume. The various essays form a framework from which ideas can evolve. The contributors to this volume in the series address a variety of concerns; theoretical (feminine development; changing sex stereotypes; black women) and life cycle considerations (early mother-child relationship; marriage decision; maternal work and children; menopause; separation; aging).

WORKING PREGNANT, Jane Hughes Paulson. New York: Ballantine Books, 1984. 240 p. $6.95. 84-90838; ISBN 0-449-90116-5.
This book is a compendium of information about the working pregnant woman. A collection of facts, ideas, philosophy, and tips on what to expect, what to do, and how it is to be pregnant and keep up with a fast-paced career, the author bases her information on first-hand experience along with interviews of many women who worked throughout their pregnancies. She deals with such issues as how much career ground is lost as the result of a pregnancy, maternity leave, child care, and resumption of work after childbirth.

LATCHKEY CHILDREN

AN ASSESSMENT PACKAGE FOR PROGRAMS THAT SERVE YOUNG ADOLESCENTS, Center for Early Adolescence. Chapel Hill, NC: University of N.C., 1984. Unp. $12.00.
Five instruments for program assessment, including a program participant questionnaire and parent survey, and a reprint of Joan Lipsitz' introduction to 3:00 to 6:00 P.M.: Programs for Young Adolescents, which discusses the developmental needs of young adolescents and how programs can meet those needs.

CHILDREN OF WORKING PARENTS: EXPERIENCES AND OUTCOMES, Cheryl D. Hayes and Sheila B. Kamerman, eds. Washington, DC: National Academy Press, 1983. 275 p. $16.95. 83-4135; ISBN 0-309-03348-9.
In this second of a two-part study on the outcomes for children of changes in parental employment, the papers included explore the role played by changes in parental employment patterns, especially the increase in maternal employment, in shaping children's growth and development. It was found that parental employment involving mothers, fathers or both parents is not a uniform condition with

consistent effects on all children in all families. Research offers no evidence that maternal employment by itself is either good or bad for children. The experiences of children with working mothers are not significantly different from those of children whose mothers are not in the labor force. Income, race and family structure as well as the special characteristics of the child (e.g., age, sex, handicapping condition) and the supportive services available to the family seem to be far more important factors than whether their mothers work in determining how children develop.

CORPORATIONS AND TWO-CAREER FAMILIES: DIRECTIONS FOR THE FUTURE, Catalyst. New York: Catalyst, 1981. 92 p. $5.00.
A report based on the findings of two national surveys which sought to evaluate and determine the unique problems faced by couples who elect to combine both family and career. These surveys focused on the two-career families and the corporations that employ them. Major questions addressed included: recruitment practices, productivity, and profits affected by the problems of two-career families; corporate satisfaction with formal or informal programs that have been initiated; steps corporations would like to take to address these complex issues; balancing demands of individual effectiveness in business careers with responsibilitiy to family; child care; satisfaction with careers, marriages, and the combination of the two; and other similar topics.

THE HANDBOOK FOR LATCHKEY CHILDREN AND THEIR PARENTS, Lynette and Thomas Long. New York: Arbor House, 1983. 316 p. $7.95. 83-70469; ISBN 0-87795-606-9.
The authors explore the phenomenon of latchkey children -- those children, numbering over 6.5 million in the United States, who return home every day to an empty house because their parents must work. Problems and concerns are discussed from the point of view of both the children and their parents and practical advice for this increasingly common family situation is offered.

LIVING WITH 10- TO 15-YEAR-OLDS: A PARENT EDUCATION CURRICULUM, second edition, Gayle Dorman, Dick Geldof and Bill Scarborough. Chapel Hill, NC: Center for Early Adolescence, University of N.C., 1984. 274p. $45.00
This comprehensive guide helps counselors, educators, clergy, and other concerned professionals offer workshops, conferences, and support groups for parents. Includes books, resource lists, and group activities dealing with adolescent development, family interaction, sexuality, and risk-taking behavior.

3:00 To 6:00 P.M.: PLANNING PROGRAMS FOR YOUNG ADOLESCENTS, Center for Early Adolescence. Chapel Hill, NC: University of N.C., 1985. 438 + p. $130.00.
The companion to the Center's program catalogue. Helps youth workers and administrators plan effective after-school activities for young adolescents. Field edition available on limited basis. Also includes two monographs and a film strip.

3:00 To 6:00 P.M.: PROGRAMS FOR YOUNG ADOLESCENTS, Leah M. Lefstein and Joan Lipsitz. Chapel Hill, NC: Center for Early Adolescence, University of N.C., 1983. 158p. $22.00.
This looseleaf catalogue offers 24 detailed descriptions of exemplary programs. Includes criteria for selection, funding and staffing information, a program assessment instrument, and a cross-referenced index.

3:00 To 6:00 P.M.: YOUNG ADOLESCENTS AT HOME AND IN THE COMMUNITY, Leah M. Lefstein, William Kerewsky, Elliott A. Medrich and Carol Frank. Chapel Hill, NC: Center for Early Adolescence, University of N.C., 1982. 92p. $5.00.
A monograph that describes the developmental needs of young adolescents, the way in which they actually spend their after-school time, the policy issues that

affect young people, and some brief examples of existing programs. An annotated bibliography is included.

TWO-CAREER FAMILIES: A BIBLIOGRAPHY OF RELEVANT READINGS, Catalyst. New York, March 1980. 126 p. pap. $10.00.
Annotated, indexed listing of materials relevant to research on two-career families. Issues include corporate practices and policies, sociological research, economic trends and forecasts and childcare. Listed alphabetically according to author; edited books are listed by title. Author and subject indices are provided.

SINGLE PARENTS

AND BABY MAKES TWO: MOTHERHOOD WITHOUT MARRIAGE, Sharyne Merritt and Linda Steiner. New York: Franklin Watts, 1984. 264p. $16.95. 84-11818; ISBN 0-531-09847-8.
One hundred single mothers from all over the U.S. volunteered to be interviewed for this study which reveals their reasons and feelings about major issues such as: the decision to have a child while single (some mothers adopted, some elected to get pregnant, some got pregnant accidentally, and some "invited an accident"); being a mother; adoption; artificial insemination; pregnancy; father's rights; finances; responses of friends and family. An appendix explains in comprehensive, layman's language the various legal issues surrounding motherhood without marriage.

DO I HAVE A DADDY?, Jeanne Warren Lindsay. Buena Park, CA: Morning Glory Press, 1982. 44 p. $7.95. 82-81645; ISBN 0-930934-10-5.
In this story for the single parent child, a single mother explains to her son that his daddy left soon after he was born. A section is appended for single mothers and fathers containing suggestions for answering the question, "Do I have a daddy?"